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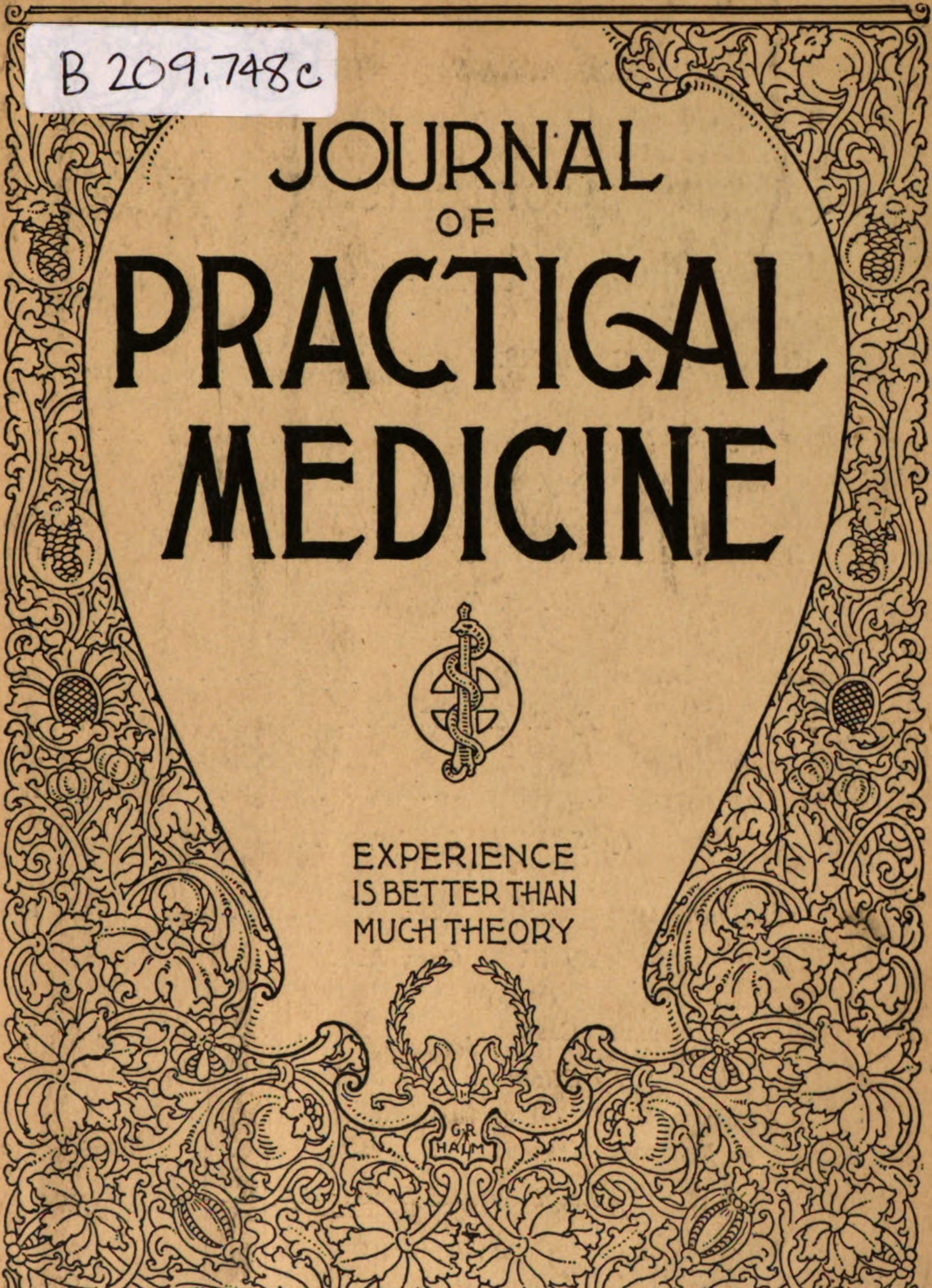

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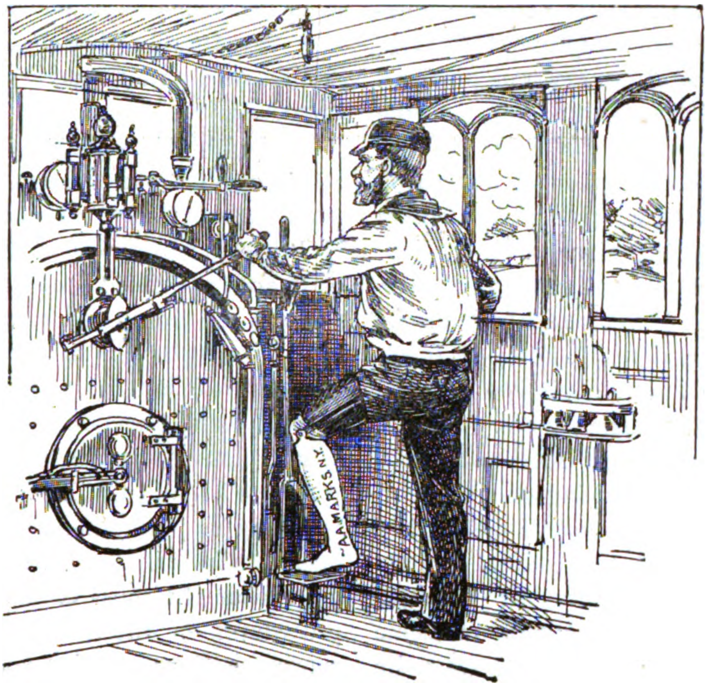

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TREATMENT OF NOSE-BLEED.

The immediate treatment of nose-bleed, says Dr. Gallagher, in *Leonard's Medical Journal*, whether it be due to traumatism, a diathesis, local lesion, or is vicarious, is practically the same. In the large majority of instances the bleeding comes from the septum anteriorly, and is due to rupture of the septal artery or one of its ramifications. It is well to keep this in mind, as often direct pressure can be made on the bleeding point. A piece of dry cotton which exerts direct pressure will very often stop the hemorrhage.

Another simple method is to introduce a pledget of cotton as large as the little finger, saturated with 4 per cent. solution of cocaine, applied with nasal forceps to the bleeding point.

One of the simplest and most effective means of controlling nasal hemorrhages is the proper use of peroxide of hydrogen. At least one dram of pure $H_2 O_2$ should be injected into the nose with a syringe or common medicine dropper, after which the nares are to be closed, anteriorly and posteriorly, by the following procedure: Immediately after introducing peroxide the nares are to be closed anteriorly by compressing the alæ of the nose with the index finger and thumb. Posteriorly, the nares can be closed fairly well by directing the patient to open the mouth, at the same time holding the head erect. A clot is formed at once, the volume of blood is much increased, and the gas which is liberated is confined in the cavities, exerting considerable pressure. This should be confined for five minutes, the patient being instructed not to blow out the clot. If this doesn't succeed with the first trial, it may be tried again.

There is some danger of the liberated gas being forced into the Eustachian tubes, and the patient should be directed to release the anterior nares in case a fulness is felt in the ear. Failing in this method, a pledget of cotton may be saturated with $H_2 O_2$, placed in the nostrils, and closing them as mentioned above.

If the above methods fail, we should at once plug the posterior nares and pack the nostril to the anterior nares. This has commonly been done by means of Bellocq's cannula, drawing the plug up through the mouth and back of the palate. This operation is sometimes difficult for one not in special work, and, indeed, it is unnecessary, as a much simpler means can be employed.

I have been in the habit of using the following simple method, which has never failed me in arresting nasal hemorrhage, even after the most extensive surgical procedures in the nose: A piece of cotton as large as the patient's little finger is taken, and a piece of string six inches long is tied to its center. The cotton is then introduced through the anterior nares until it is free in the nasopharynx; gentle traction is then made on the string until the cotton is engaged in the posterior nares, which can be told by resistance or by direct vision. I then blow in an antiseptic powder, such as aristol or nosophen, and pack against the plug sterilized gauze in a long and narrow strip. More powder is blown into the meshes of the gauze as we pack to the front. The string should be wrapped around the index finger of the operator, and he should make sufficient traction to hold posterior plug in place, lest the plug may be dislodged and be forced into the nasopharynx, repeating our purposes. When we have packed to the anterior nares a pledget of cotton will be all that is needed. In cases in which the hemorrhage has not been alarming it is well to remove the plug in twenty-four hours. In graver cases it may be left for forty-eight hours without much danger of producing acute inflammation of the middle ear. The packing should be removed with the utmost care, and in nearly every case its removal is not followed by additional hemorrhage.

I first thoroughly saturate the gauze with an antiseptic solution, such as boracic acid, following this up with an injection of 2 per cent. solution of cocaine, using it from time to time during the removal of the gauze. I also inject an oily solution, such as liquid vaseline or glymol. When the posterior plug is reached an additional injection of the oil should be made; then the plug can be gently pulled through the nose by the string, which has been kept in front and in the inferior meatus, the oily injection having lubricated the parts. At least ten or fifteen minutes should be taken to remove the plug. In case the plug is not easily dislodged, which is very seldom, it may be pushed back into the nasopharynx, first having additional string tied to the string already in place. The plug may then be removed by means of the forceps or drawn down and coughed out by the patient himself.

It will be readily seen that when the pledget of cotton which has been pushed into the nasopharynx is pulled forward it will readily double on itself, making a very effectual plug. This means of arresting nasal hemorrhage cannot be used, however, if there is great obstruction in the nostril; in which event a very small soft rubber catheter can be introduced into the nostril, a string having been attached to its end, catching the catheter in the nasopharynx and drawing it out through the mouth. The catheter may be cut loose. A pledget of cotton is tied in the continuity of the string, which should be long enough to project from the mouth to facilitate its removal, and the pledget should be pulled into the posterior nares, the nostril being packed with gauze as well as possible. We may have deflected septum, totally occluding the anterior nares, the blood flowing into the nasopharynx; in which case a pledget of cotton may be tied to a string and passed back of the palate and carefully packed into the posterior nares with the finger. I have never seen this complication, but it might occur.

I have had considerable experience with Bernay's artificial sponges, but it is not possible to pack the nostril so thoroughly or so quickly as by the means mentioned above. I find them especially useful when I can accurately locate the bleeding point. Bernay's sponges are not easily found, but gauze, cotton, and string are in every physician's office. After operating for correction of deflection of nasal septum when the vulcanite or silver tube cannot be tolerated and for fracture of the nasal septum the Bernay's artificial sponge offers an excellent means of support.

THE TRAINING OF THE PHYSICIAN.

If our medical schools cede four years to the culture of the colleges, says President Jordan, of the Leland Stanford Junior University, they have a right to ask that the colleges waste no time. The college should furnish such means of study that the student shall not go to the medical school ignorant of the use of the scalpel and the microscope. Cats are abundant and cheap. The elementary facts of anatomy can be learned from them in college far better than in the dissecting-room of the special school, where advanced work should be done instead of the bungling efforts of beginners who do not know a vein from a tendon.

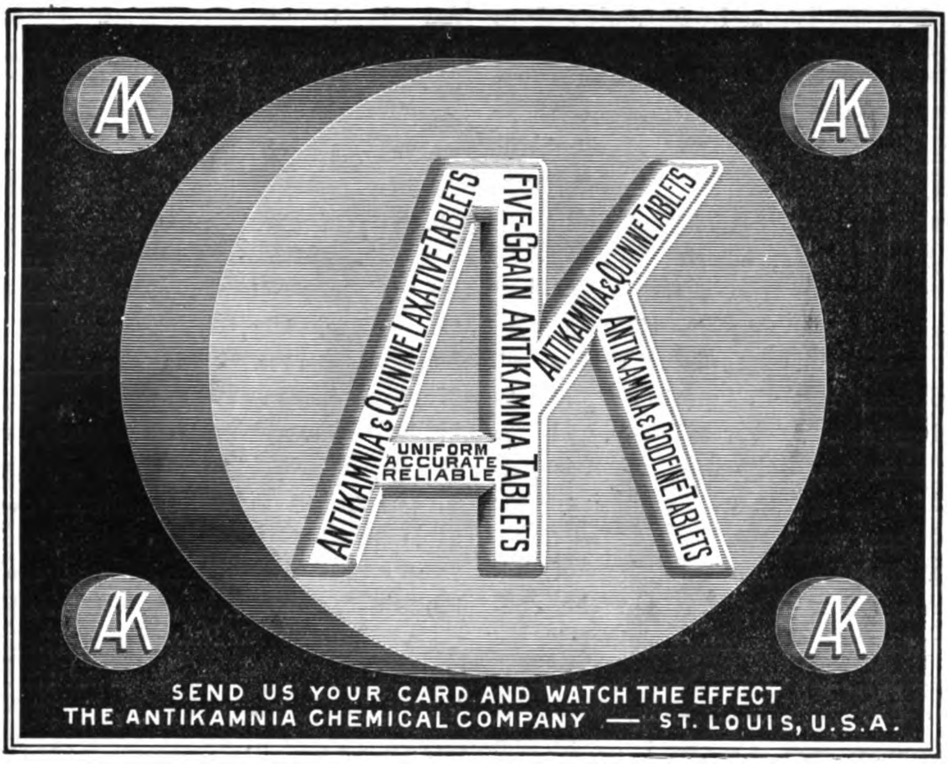
The college course should also teach the medical student the general facts and theory of chemistry and the processes of chemical manipulation. The elements of botany and of vegetable and animal physiology should be in his possession; the facts of comparative anatomy, and the great laws of life, of natural selection, heredity, variability, functional activity, and response to external stimulus, which form the basis of organic evolution. He should know a bacterium when he sees it, and should know how to see it. He should have heard of the correlation and conservation of forces; in short, he should know what is meant by scientific investigation and in some degree should have caught the inspiration of it. The physician should, moreover, learn to write and speak good English. Besides this, he ought to—he *must*—read French and German. Other languages will not hurt him, nor will a knowledge of literature, philosophy, or history.

GALL-STONES.

Medical treatment, says Dr. Hunter M'Guire, is potent to prevent cholelithiasis, but powerless to dissolve the stones when once formed. The limitation of the diet, the inhibition of large quantities of water, the practise of systematic outdoor exercises and the regulation of the bowels by the use of saline cathartics will prevent the concentration and stagnation of the bile, and act as an efficient prophylactic against the formation of gall-stones. But when a calculus once develops there is no drug which has the least solvent effect upon it, and relief from the symptoms it produces will only follow its mechanical removal, either through the bile ducts by natural forces or through an artificial opening by surgical measures.

The question of an operation in an individual case must be determined by the frequency of the attacks, the intensity of the pain, and the effect produced on the patient's mental and physical condition. If suffering is constant; if distension of the gall-bladder is plainly perceptible; if jaundice exists and persists from obstruction to the common duct; if suppuration threatens or is present, then an immediate operation is indicated.

The danger of an operation for gall-stones is about that of an operation for appendicitis. If it is done early, before adhesions develop or pus forms, the mortality is low; if postponed until complications exist, it is high. Delay often converts a safely operable case into a practically hopeless case, and the patient dies, not on account of the operation, but despite the operation.—*Virginia Medical Semi-Monthly.*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TEN THINGS I HAVE LEARNED TO UNLEARN.

During the twenty-five years in the active practise and teaching of medicine (though still in my prime, being but a shade over forty-five and determined to be in the harness for a full half-century more) I have learned to unlearn many things, among others the following, says Dr. I. N. Love:

1. That every child in convulsions needs a hot bath. In fact, nine times out of ten they need a cold one, or, at least, a tepid one, for the reason that high temperature causes the majority of infantile convulsions.

2. That the teething process in children is entirely physiological, and in no way affects the health of the child. The reverse is true. Under moderate conditions, teething in children puts their nerves on edge, disturbs them seriously, and renders them susceptible to indigestion and other ailments, and it is no more easy and natural than is parturition upon the part of the mother who bore them.

3. That the summer diarrheas of children require checking. On the contrary, intestinal drainage should be assisted and diet withheld or corrected.

4. That attacks of cholera morbus and other intestinal riots should be quelled by opium or morphine hypodermically. Indeed, quite the contrary. It should be remembered that Nature is endeavoring to get rid of something which is acting as an irritant, and we should assist her and not paralyze her efforts by an opiate (by so doing we imperil or favor a prolonged illness), and the best scheme of assistance is the use of large quantities of water outside, in form of an all-over bath, and inside from both directions — colon lavage (elevating hip of patients) with large quantities of hot water freely mixed with soap (temperature of water 130° F.), frequently repeated if need be.

5. That opium or morphine is often needful for the relief of pain. In the strongest terms I would say, No! Nearly all pain can be relieved without it, and we should never administer it too soon, for pain is Nature's danger signal, and we should not mask it, but coax and coddle it and secure its help in locating its cause — in other words, use it until we make a diagnosis.

6. That the hypodermic use of morphine is of great value. Indeed, it is rarely helpful and nearly always harmful, and, in the hands of the reckless, thoughtless, lazy, incompetent, backboneless doctor it is damnable, a Mephistophelean messenger of morbidity. If morphine be absolutely necessary, the physician should not prescribe it, but dissolve a fourth of a grain soluble tablet in a half-glass of water and administer a teaspoonful every ten minutes until relieved. I have frequently in this way secured a relief to agonizing pain by the use of an almost infinitesimal amount of the drug.

7. That it is necessary to break the fever in malaria before giving quinine.

8. That tinkering gynecology favors the well-being of woman. Indeed, it is more frequently her undoing, and has been in the hands of careless, unclean doctors with unclean instruments the cause of many dangerous pelvic lesions.

9. That interrupted, disturbed, painful menstruation in unmarried women calls for manipulated interference. No,

never! At least, hardly ever; 9999 times out of possible 10,000 such meddlesome manipulation is almost a moral rape, and the condition can be relieved by curing constipation and building up the general health. Preceding the painful period, purge freely, and Hayden's Viburnum Compound given in teaspoonful doses in hot drink every hour or two during menstruation will soon relieve distress, and it is an excellent uterine tonic to administer three or four times daily between periods. Indeed, as Marion Sims long ago testified, it is an ideal remedy for the womb of woman.

10. That Graves, the great Irish physician, when he said that he only wished carved upon his tomb the tribute, "He fed fevers," meant to announce his belief in the reckless stuffing of the victims of fever from start to finish. No such thought was in his mind, nor should it be in ours. We should remember that in the acutely ill several days or a week of starvation is an important part of the scheme of nutrition; at least, until we can arouse elimination completely and put the food canal in a properly receptive state.—*Medical Mirror.*

THE WHITE OF EGG AS A FOOD.

A little knowledge of physiological chemistry will show that it is a mistake to give the yolk preference over the white. The nitrogenous parts of the egg contents are albumen and globulin, both easily digested and assimilated. The fatty substance which predominates in the yolk is mainly lecithin. This fat, while undergoing digestion, is partially converted into a poisonous product, called choline, which, under certain conditions, may become absorbed and give rise to "biliousness." The writer has repeatedly found that a patient made "bilious" by one whole egg can take a dozen raw whites daily without discomfort and greatly to his advantage. Infants will often do well on them when dissolved (not beaten) in water, and a little sugar of milk added. (A little salt and lemon-juice may be added, if desirable.) It should be remembered, however, that the egg globulin does not dissolve in the water, but is precipitated, and should be separated by straining.—*Medical Times.*

INFLATION OF THE MIDDLE EAR BY A NEW METHOD.

Dr. Lucien Lofton records a case of very marked improvement of chronic middle ear disease, one out of fifteen cases successfully treated by him by a method of inflation which he first described in October, 1896, but which does not appear to have met with the attention it would seem to deserve. The following is a description of Dr. Lofton's method, quoted from his original paper, the reference to which is not, however, given:

The instrument comprises one of the newer forms of stethoscopes with the chest receiver detached. In its stead a hard rubber flattened mouth-piece is substituted, being placed gently, but firmly, between the lips of the patient, while the ear apparatus is adjusted to his ears. The middle ear is then inflated by simple lateral suction rapidly executed by the patient. The force thus generated from without inward, and vice versa, causes the adherent drum to vibrate or to swing to and fro, On a normal drum the force is so concentrated as to cause great discomfort. Should it be desired to inflate one ear, this may be accomplished by squeezing one or the other rubber tube. This manner of inflating the middle ear is considerably more reliable than is Politzerization, Valsalva's method, the external ear pump, or the catheterization process.

The method advised leaves no way for the air to escape save through the course intended. The ear-pieces are supposed to fit snugly and firmly, and the suction which takes place is equivalent to several ounces of pressure. If so desired by the specialist, patients may use this instrument alone. Probably the most reliable stethoscopic attachment is the one suggested by Lewis Snofton. — *N. C. Medical Journal.*

TREATMENT OF PRURITUS VULVÆ.

In pruritus vulvæ it is highly important to search carefully for the cause, and give that the treatment indicated. Thus, the distressing affection may be attributable to diabetes mellitus; hence it is well to bear in mind the importance of a careful urinalysis in these cases. In another instance specific infection will be present, and the indications for a cure be determined by attention to the gonorrheal or chancroidal or other apparent cause. For temporary use in these cases, so far as the skin is concerned, no agent is superior to a lotion of carbolic acid, 5 grains to the ounce, or an ointment containing 5 grains to the ounce of cocaine and zinc oxide, with adeps benzoinatus freely applied to the affected region. — *C. H. Powell, Merck's Archives.*

A DIAGNOSTIC SIGN IN THE INITIAL STAGE OF MEASLES.

Finkelstein has met with five cases in Heubner's clinic in which he found the peculiar rash on the mucous membrane of the cheek and lips described by Koplik, of New York. The condition has considerable diagnostic importance, as it is usually seen before the rash on the skin appears, and when the catarrhal symptoms are but slight. The rash consists of bluish-white papules situated on a faintly reddish background; it may be scattered about the buccal cavity, or may be limited to one or two spots. The presence of this rash in the mouth is important in the differential diagnosis between measles and influenza, and also other febrile conditions found in children. The condition cannot be mistaken for apthous disease of the mouth. —*British Medical Journal.*

BATHS.

Next to the water-bath, which is, of course, or ought to be, an air-bath and water-bath combined, the simple air-bath is invaluable as a prophylactic or a curative; and in very many instances, say for several mornings in each week, and whenever the usual water-bath is not convenient, the air-bath will prove an excellent substitute. The robust man will be far more likely to maintain his vigorous condition by doffing his night-shirt and indulging for the space of say five minutes or less, in brisk hand rubbing all over, however cold his sleeping-room, and again on going to bed; while the delicate ones should, with due caution, inaugurate the same system, but graduated as to temperature and duration. — *The Natural Cure.*

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THERAPEUTICS OF SUMMER DIARRHEA.

Dr. C. G. Jennings, of Detroit, Michigan, writes to the *Therapeutic Gazette* an interesting article on this subject. He says that the preventive treatment of the summer diarrhea of infants demands the most careful supervision of the diet and the whole hygienic influences surrounding the child during the hot months. As Seibert, of New York, has observed, summer diarrhea becomes epidemic whenever the average minimum temperature reaches 60° F. During the colder months even badly fed city infants do not suffer seriously from diarrheal diseases. They may suffer from malnutrition and continuous indigestion, but diarrhea does not frequently menace their lives. It is the summer heat that is the important etiological factor in the production of summer diarrhea. The high atmospheric temperature acts to produce diarrhea, first, by debilitating the infant's digestion and general nutrition, and, secondly, by favoring decomposition in the infant's food. Nursing infants escape because they are, as a rule, well nourished and resistant, and because their food is easily digested and is sterile. Artificially fed infants, as a rule, habitually digest badly, and only exceptionally are perfectly nourished, and their food is digested with difficulty and frequently infected. The summer heat that diminishes still further their powers of resistance favors the growth of saprophytic and other microbes in the milk that is their food, and the higher the temperature the feebler their resistance and the more rapid and toxic the milk decomposition.

The principles of the prevention of summer diarrhea are to keep the infant's nutrition and digestion up to the highest possible standard, and to administer during the heated term a sterile food so modified as to suit the enfeebled infant's digestion.

Whenever possible, artificially fed infants should spend the summer in the country, away from the overheated and microbe-laden city air. When compelled to remain in the city, they should have all the out-of-door air possible. A few hours each day under the trees in shady streets or parks will do much to improve their condition. Their clothing should be suited to the temperature. When this approaches 90°, a single light garment, with additional abdominal covering, will keep them comfortable. Frequent tepid bathing is of the greatest value. During the heated part of the day older infants and children may be given a tepid or cool tub. They may be allowed to paddle in the water for one-half hour or more, and the bath may be repeated in the evening, should the heat continue. Cool sponging is often better for very young and feeble infants. The tonic and refreshing influence of a cool bath on a hot day is familiar to all.

The details of domiciliary hygiene are not always under the control of the physician, but he should do his best to improve them. Perfect cleanliness of the infant and its surroundings is of the greatest importance, and the most exquisite care of the food and food utensils is essential. During the hot months milk given to infants should be sterilized by boiling for from fifteen to twenty minutes. With a remote milk supply, Pasteurization cannot be depended upon.

Whatever objections there may be to sterilized milk are outweighed by safety from infection that sterilization brings. In the country, or where milk can be obtained within an hour or two of the milking, one meal of fresh milk may be given. The milk for all other meals should be sterilized.

Clinical experience has confirmed the teaching of a number of authorities that one of the cereals added to an infant's milk will frequently aid its digestion, and infants during the latter six months of the first year will often show improvement in their digestion and nutrition when a small quantity of a thoroughly cooked cereal is added to their food. Barley-water, oatmeal-water, thin arrowroot gruel are accessible in all homes, and are useful diluents. In exceptional and difficult cases one of the farinaceous patent foods of the market may serve where home products fail, and in others a good Liebig's food with the starch transformed into dextrin and maltose may serve an excellent purpose.

The summer diarrhea of infants is an acute gastro-enteric infection—acute milk infection. The symptoms are due to the absorption of poisons generated in the stomach and intestine by putrefactive decomposition of their contents. This condition is a frequent sequel to an attack of acute indigestion. In certain cases the intensity and duration of the poisoning develop structural changes in the ileum and colon. The case becomes an enterocolitis. In others the toxemia is profound. The heart, the nerve centers, and the vasomotor nerves suffer severely from the intoxication, and the clinical picture is one of cholera infantum.

Summer diarrhea being, then, a gastro-enteric intoxication, the indications for treatment are: First, to remove as quickly as possible the toxic materials from the alimentary tract; second, by appropriate dietetic and medicinal means to limit further elaboration of poisons; third, to combat the symptoms resulting from the intestinal intoxication.

As in the treatment of every intoxication due to the absorption of the products of decomposition from one of the cavities of the body, promptness and thoroughness of action are essential. Immediately upon the development of symptoms of gastro-enteric infection vigorous eliminative treatment should be begun. To delay is to risk the development of an uncontrollable toxemia or the onset of grave anatomical changes in the intestine. Every acute indigestion in an infant during the hot months should receive prompt attention. The habit of looking lightly upon an apparently mild indigestion diarrhea cannot be too strongly condemned.

The first indication is to empty as quickly as possible the stomach and bowels. The colon should be irrigated every two to four hours until the whole of the intestinal tract is emptied. In the beginning of the attack the stomach also may be washed out, although this measure is not so often necessary. With the irrigation of the intestine a cathartic dose of calomel and soda may be given —one-tenth grain of calomel with one-half grain bicarbonate of sodium every hour for five doses. For intestinal irrigation warm normal saline solution is best; it is non-irritating, and, being quickly absorbed from the bowel, adds to the circulation the fluid that should be taken up from the stomach. When fever is high, the temperature of normal saline may be reduced to 95° or 90°.

Administration of food by the stomach should be stopped at once, and no food should be given for from twelve to twenty-four hours, or until there is a decided improvement in the intestinal symptoms. Mothers object to this rigorous treatment, but it is essential to a perfect success.

When the stomach will retain it, water should be freely given. After the first twenty-four hours careful feeding may be begun. Milk should not be given until the child is well on the road to recovery; in place of milk a thin cereal gruel, diluted beef-juice, whey, a thin solution of one of the malted foods, delicate beef, chicken, or mutton broth. Food should be administered in small quantities frequently — one or two ounces every two hours. In feeble children and in cases showing severe toxic prostration the addition of two to three drams of whisky or brandy in the twenty-four hours acts well. As the condition improves milk may gradually be added to the food. It should be given at first plain, diluted five to six times with a four per cent. solution of milk-sugar. By this dilution is made a mixture low in fats and proteids, but containing about four per cent. of carbohydrates. Medicines for the control of the diarrhea are of secondary importance. After the bowels have been thoroughly emptied —*not before*—and particularly if there be pain and tenesmus, opium carefully given is of great benefit. A child of one year may be given ten drops of paregoric or one drop of chloranodyne after each movement. By this means, as the movements diminish in number the opium is decreased. The opium always should be given alone. When symptoms of lower bowel irritation are prominent, a starch enema containing two to six drops of laudanum is an efficient measure; it may be given after each movement. Internal intestinal antiseptics are disappointing, although occasionally they may do good. Bismuth subnitrate in full doses, ten to fifteen grains, suspended in an aromatic water, may be given every two hours. To this may be added, when evidences of fermentation continue, half a grain of either carbonate of guaiacol or salol.

In many cases grave toxic symptoms are prominent. The temperature rises to 104° or 105°, the child is restless, drowsy, often comatose, and there are all the indications of a profound toxemia. For these symptoms no measure with which the writer is acquainted is so efficient as the bath. In young, feeble, and prostrated infants the temperature of the water at the beginning of the bath should be about 100°. It may be gradually cooled during the course of from eight to ten minutes to 90° or even 85°. The effect of such a bath upon these children is often magical, and before the bath is ended they will arouse from their stupor and begin to play in the water as they are accustomed to do when well. The bath may be repeated every two, four, or six hours, depending upon the range of temperature and the intensity of other toxic phenomena. With the thorough use of water internally and externally, opium and other sedative and astringent drugs will rarely be necessary.

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EMULSION

TREATMENT OF TUBERCULAR ABSCESS BY INJECTION OF A FORMALIN-GLYCERINE SOLUTION.

Dr. J. Hahn treats successfully tubercular arthritis and cold abscess with injections of formalin-glycerine, the curative effect of which is much superior to that of iodoform injections.

First, a puncture is made with a fine trocar, to which is fitted a sterilized syringe. The cavity is washed out with boric acid solution, and then injected with a one per cent. formalin-glycerine solution. A quantity equivalent to one-third or one-half of the pus evacuated is used. The orifice is then closed, and the limb put at rest. Soon after a local reaction, more or less intense, occurs, producing swelling, fever, and pain, which may become so intense as to necessitate an injection of morphine. These phenomena disappear in a few days, and the quantity of exudate likewise diminishes.

At the end of two weeks a new puncture, lavage, and injection is gone through with. In certain cases, however, a second injection is unnecessary, the purulent secretion being dried up by the first.

This treatment produces particularly favorable results when it is used upon joints that are distended with pus. In these cases the necrotic tissue and caseous masses must be removed also, and the medicated liquid made to penetrate all the corners and recesses of the joint. Dr. Hahn has found this treatment specially adapted to the hip and the knee, and often seen rapid healing take place with complete preservation of function. The result was less favorable in tubercular arthritis about the hand and foot. When tuberculosis occurs here it is sometimes necessary to perform arthrectomy, in spite of several injections.

Cold abscess does not occur after one or two injections, and the spondylitis is often improved. Moreover, under this treatment Hahn has obtained a very encouraging result in a case of tubercular empyema of the pleura.—*Pediatrics.*

PAIN-ENDURING ANIMALS.

The manner in which animals and birds endure pain, says a writer in a popular magazine, should awaken the sympathy of all thinking people. Horses in battle furnish a striking example of this power of endurance. After the first stinging pain is felt they make no sound, but bear it with mute, wondering endurance; and when in the silence of the night a groan comes from the battlefield it is because of loneliness,— the craving for human companionship which is so necessary to once-domesticated animals. A dog will go for days with a broken leg without complaint, but the pleading, wistful look would attract attention from any one not totally blind to all sensibility. A cat wounded by stick or stone, or caught in some trap from which it has either gnawed or pulled its way, will crawl to some quiet, out-of-the-way place and endure silent agony which we could not endure. Cattle will meet the thrust of the butcher's knife without a sound. The wild dove, with shot from the hunter's gun burning in its tender flesh, will fly to some high bough or lie upon the ground and die, and no sound will be heard, save the dripping of blood upon the leaves. The stricken deer will speed to some thick wood and there in pitiful submission await the end. The eagle stricken in high air will struggle to the last, but there will be no sound of pain, and the proud, defiant look will not leave the eyes until the lids close over them and shut out the sunlight they loved so well.— *Western Druggist.*

WET AND DRY SURGICAL DRESSINGS.

R. H. Skillern compares the efficiency of wet and dry surgical dressings:

1. A dry dressing is superior to a wet one in incised wounds.

2. In contused and lacerated wounds a wet dressing should be employed for a week or two, followed by a dry one.

3. In carbuncles, boils, and infected wounds a wet dressing is indicated.

4. When pus has burrowed and sinuses exist, packing and a dry dressing are preferable.

5. In deep punctured wounds with a small orifice a wet dressing is best.

6. In all wounds of the scalp, whether infected or not, we should use a dry dressing. — *Philadelphia Medical Journal.*

POSITIONS IN SLEEP.

Browning classifies sleepers according as they have the head high or low during slumber. In the first division he includes the medium class, those who use simply an ordinary pillow. These are generally normal individuals and do not require further consideration. The second class are those who sleep with their heads high. In this category are found cases of excitement, mental overactivity, mania, also many who do not present any special nervous disturbances. The third class comprises those whose habits are to sleep with the head lower than the average, sometimes without either pillow or bolster. This class includes nearly all cases of mental and nervous depression, sufferers from melancholia, anemia, etc. The third type is the most important, because most frequent in the sick, and the indications for remedy in their case are tonics and excitement. The second class, on the other hand, are the direct reverse, stimulants are required, tonics and excitement are contra-indicated.—*Indiana Medical Record.*

OPIUM IN DIARRHEA OF YOUNG CHILDREN.

It is contra-indicated: (1) In the first stage of acute diarrhea, before the intestinal canal has been freed from decomposing matter; (2) where the passages are infrequent and of bad odor; (3) when there is a high temperature or cerebral symptoms are present; (4) when its use is followed by an elevation of temperature or the passages become more offensive.

It is indicated: (1) When the passages are frequent, with pain; (2) when the passages are large and watery; (3) in dysenteric diarrhea, together with castor-oil or a saline; (4) in later stages, with small, frequent, and nagging passages; (5) when the passages consist largely of undigested food, and the bowels act as soon as food is taken into them. — *Crandall, in N. C. Medical Journal.*

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Practical Medicine

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WHAT IS DISEASE?

By J. L. WOLFE, M.D., Cedar Falls, Iowa.

Written for Practical Medicine.

DISEASE consists essentially in diminished vital power. Symptoms do not constitute disease; they are the immediate consequence of diminished vital power or disease, or they may arise from the restoring efforts of the constitution. Thus, the first symptoms of disease, as languor and debility, coldness of the surface and chilliness, are the immediate effects of a loss of vital power; whereas, when reaction takes place, many of the accompanying symptoms, as fever, pain, inflammation, vomiting, diarrhea, and convulsions, are the consequences of the vital force resisting the cause of disease.

The most fatal cases of disease are those unattended by fever; for instance, in smallpox and scarlet fever the specific poison producing the disease operates in some cases with such deadly effect that the vital forces are at once prostrated below the point to admit reaction, the patient remaining cold and partly insensible from the commencement of the disease until death. The cold plague, as it was called, which proved so alarmingly fatal in some parts of the old world was characterized by coldness and absence of fever. This was also a peculiar feature of the Asiatic or epidemic cholera, the functions of nutrition and, consequently, those of calorification and enervation being in many cases suspended in the very outset of the disease.

Cold and dampness are fruitful sources of disease. Their direct effect upon the system is to weaken the vital power and, consequently, diminish and subvert the healthy order of action in the system, and whatever organ of the body is weakest proportionally to its natural degree of vitality, that will be the part most likely to become diseased. Hence, of any number of persons exposed to cold and dampness each may have a different form of disease. Thus, one may have pleurisy; another, rheumatism; a third, simple catarrh; a fourth, bronchitis; a fifth, quinsy; a sixth, neuralgia; a seventh, sick headache; while another may be taken with bilious fever, and another with erysipelas. In this way, almost every variety of disease may be brought on by the same cause.

In medicine, error in theory leads to error in practise. The physician educated to regard fever as constituting disease, and the increased action of the heart and arteries necessary to sustain the curative action as evidence of excess of vital power, is led to prescribe antimony, niter, digitalis, and various other poisonous agents, with a view to moderate or repress those actions; and, notwithstanding the evil consequences of such practise, the same course of treatment is pursued as long as the theory by which the practise is governed is believed to be true.

In disease, whenever the action of the heart is augmented there is a cause for it. Thus, in fever, inflammation, extreme debility, etc., its energy is invoked for the accomplishment of an object or design, ultimately for the preservation of the system. Physicians should study the design of Nature and endeavor to assist her efforts more, as is their privilege to do.

Medical treatment, to prove beneficial, must harmonize with the principles of life. Pain may be relieved by stupefying the brain with narcotics, fever may be subdued by prostrating the vital powers, the heart's action may be lessened by the administration of digitalis and other sedatives, and inflammatory action may be reduced by cathartics and general depletion; but such treatment operates always against Nature, directly and invariably tending to deprive the system of the means of support and to weaken its power of resisting the cause of disease.

"Physicians," observes a celebrated teacher of medicine, "have always looked at the outside of disease, and have been doctoring symptoms without understanding the nature of disease." Vomiting and all other disease-expelling and curative actions are instituted and carried on by a power generated at the base of the brain,—the medulla oblongata. This is the seat or throne of power whence proceeds the commands for all movements designed to protect the system from disease; the nerve centers throughout the system apprise the great center of the condition and wants of the system through the medium of the nervous cord, which may be compared to telegraph wires. The great center, taking cognizance of the intelligence thus conveyed, commands the movements within its control best adapted to overcome enemies and supply existing wants. Thus, the infant's stomach, oppressed with too much food or disturbed by the presence of foul or acrid substances, is relieved by vomiting. The knowledge of the condition of the stomach being telegraphed to the base of the brain through the medium of sensitive nerves, vomiting is induced; and this is a provision of Nature to relieve the stomach. A badly organized stomach or one in which the nerves or sensibilities are not in a condition to convey to the brain the knowledge of the presence of acrid substances will be subjected to pain and distress in consequence of the passage of the acrid materials from the stomach to the bowels, there producing an effect which calls for reaction to expel the acrid substances.

THERAPEUTICAL EFFECTS OF ERGOT.

By I. M. George, M.D., El Dorado, Arkansas.

Written for Practical Medicine.

If you will allow me space in your valuable journal, I will call your attention and the readers' to the therapeutical effects of *ergot* in the treatment of *pneumonia*. Maybe some of the readers have already tried it, but I have never seen it recommended by any one in the treatment of pneumonia, and, as far as I know, I am the only one that uses it for the above-named disease. When I commenced to practise medicine, ten years ago, I failed to get my pneumonia patients well as quickly as I wished; so, after studying the physiological effects of ergot and the pathology of pneumonia, I concluded to give it a trial the first chance I got when the patient seemed about ready to die, anyway, which soon came. I was sent for some six miles to see Jode W—, a negro, twenty years of age. There were about three inches of snow on the ground, and when I got there I found him in bed. He had had a chill that morning about four o'clock; temperature, 104°; respiration, 45 per minute; pulse, 120 per minute; coughing up the characteristic brick-dust sputum; complained of terrible pain in right side. On examination I found he had lobar pneumonia, the lower lobe of the right lung being partly involved. He was calling for something to ease him, and said he could not last long if he was not relieved soon.

Well, as he appeared in a desperate condition, I thought I would just experiment a little, so poured out a teaspoonful of ergot and added two drops of tincture of aconite and gave him, with the remark that I thought he would be easy in a few minutes. I sat down and began to dose out some calomel, and, to my great surprise, in twenty minutes he said: "Doctor, Ise done got heap easier." I then called for glass and put water and added ergot enough so he would take ten drops and one-half drop of aconite with each teaspoonful, and directed them to give it every two hours until I returned the next day. I also left six doses of calomel of 1½ grs. to dose, to be given every two hours until all was given. On my return the next day, to my surprise, I found his respiration down to about 22; pulse, 96 per minute; temperature, 101⅗°; said there was no pain to amount to anything; cough loose; expectoration free, and no sign of blood with it. Calomel had acted well. I reduced the dose of ergot to five drops, kept aconite up at one-half drop doses, and directed to keep it up as before.

On my return the next evening I found the negro propped up in bed eating bread and milk; temperature, not quite 100°; pulse, about 80 per minute; respiration, normal. Left ergot fld. ext., ʒ iiss; aqua, q.s. ℥ iv; teaspoonful every two hours until he had taken it all; and directions to let me know if they needed me any more. The second day his brother came to town and told me he was sitting up and felt able to go out some. The next day I was passing there and the negro was out in the yard walking around. Since then I have used it in very nearly every case of pneumonia, and it has never failed to give me good results. I have only lost four cases of pneumonia in ten years' practise, and in two of them I did not use ergot, and the other two were pneumonia following measles.

I should like to hear from some of the readers of this article who have ever given ergot in pneumonia, for I have not been able to find it recommended in any text-book or medical journal, or but one doctor who had ever given a dose for pneumonia, and he explained that he did not have anything else in his medicine case, and he gave it then to make the man think he was taking something — not that he thought it would do him any good, he said. To his great surprise, the patient was a great deal better the next day, but he still did not give the ergot the credit, and quit giving it.

I would like some of the readers of this article to try it. I find it has its best effects in the first stage, but it is good in any stage. I never have to give morphine to allay pain when I use ergot. I always try to bring the patient under the influence of it at once; then give just enough to keep him under its influence. It brings on the crisis from the second to the seventh day. I believe it is as near an abortant for pneumonia as any drug can be. I could give numbers of cases treated with nothing but ergot and calomel that lasted only from three to seven days.

JAUNDICE AND DROPSY.

By R. L. Meek, M.D., Benhur, Tex.

Written for Practical Medicine.

In jaundice at any stage I use acetate of pot. in grs. xx doses, dissolved in water, every six hours, until kidneys act very freely. At the same time I administer the following:

℞ Leptandrin	grs. vi
Podophyllin	grs. ij

M. Capsules x. Sig. — One every four hours until free purgation is produced. Then keep bowels open by using bitartrate pot. in sufficient quantity.

Dropsy is a disease much dreaded by many physicians. I have tried the following on eight cases, without a single failure:

℞ Jalap pv.	ʒ i
Senna pv.	ʒ iss
Podophyllin	grs. viii
Leptandrin	grs. xii
Bitartrate pot.,	
Sulphur sub.	aa ℥ ss
Ginger pv.	ʒ ii

M. Sig. — One teaspoonful every four hours until bowels move freely; then take as necessary to produce two or three free evacuations daily.

At the same time I give following as a tonic:

℞ Syr. rhei. arom.,	
Tr. wild cherry-bark . .	aa ℥ iv fl.
Alcohol dil.	O. ss
Acet. pot.	grs. xl
Syr. simplex	q. s. O. i

M Sig. — One teaspoonful four times a day.

SMALLPOX.

By S. W. H. Nibblett, M.D., Elizabeth, Ark.

Written for Practical Medicine.

As thirty-five counties in Arkansas are infected with smallpox and many other States are similarly infected, as is shown by the reports, and as the doctors are more or less divided on the subject, I think it my duty, if in my power, to throw some light upon this subject. I was in the midst of an apparent epidemic of this disease last winter and spring (1899–1900), and my family of eight, including myself, had it. As I had a fair chance to note its appearance, development, progress, and termination, I think my experience might be of some practical advantage to the readers of Practical Medicine.

Smallpox has been behind the curtains for the past thirty years, or almost so, so far as the United States were concerned. This, I think, is why the M.D.'s are so badly divided on the subject.

Had I based my differential diagnosis on my preconceived opinion, which was founded on hearsay almost, perhaps many of my family would have been now sleeping beneath the sod of the valley, as would also many of my neighbors.

This disease made its appearance in this immediate neighborhood first at my house, being brought by a minister who had been east about forty miles on a preaching tour and who lived in this vicinity. He had returned home after having been ill about two weeks — pronounced out of danger by his physician, who had maintained that the illness was "only a very bad case of chicken-pox, with some complications" — and had come over to my place to stay over night. His face was badly scarred. The eruptions had scaled off, and he seemed to be well, except the palms, soles, and ankles. He said riding horseback caused the sores to continue on his ankles.

The night following the minister's visit two of my children and a neighbor's child slept in the bed in which the minister had slept the night previous. In just twelve days from that time all the children who had slept in that bed were taken with headache, chill, fever, sick stomach, etc., — all characteristic symptoms of variola.

I had learned of the disease, however, before it appeared in our immediate vicinity, and knew that the best-read doctors in the country (or thought to be such) said "it was not smallpox"; but when I first saw this preacher and he gave me a history of his case I pronounced it a very bad case of discrete smallpox. So when my family began taking it two or three at a time and I watched each case come and go my diagnosis became more and more confirmed.

Finally, I took it myself, and when I felt that peculiar aching in the occipital region, which extended to the loins and lasted three days, breaking out beginning on the morning of the fourth day, I then knew that I had smallpox or else I had the wrong books.

I had heard of the disease two or three months before as having been in the eastern part of the county (Fulton), and had been looking up the authorities. When I found that Dunglison, Osler, Voghal, Scudder, and various others had described this disease so minutely I wondered how any physician could make a mistake in diagnosis, unless he considered those symptoms in a great deal more severe manner than the authorities had intended. All diseases have some peculiar diagnostic symptoms; but no two cases are just alike in all their phases any more than two faces are just alike. Diseases are based on symptoms, not on their mortality, as some might suppose.

I notice that many diseases of trivial nature may become fatal under certain circumstances. I also observe that many diseases which were once very destructive to the human family are now made to be very mild by proper treatment, as, for instance, typhoid fever, yellow fever, and many others which I could name. Why should not smallpox be mild? We must consider that "the smallpox of today is not the smallpox of the fifteenth century."

In my book on "The Treatment of Smallpox" I have set forth some of these thoughts; and that makes me add just here that I will send this book to any physician interested in this subject on receipt of the price, 35 cents.

LIFE AND ITS BEAUTIES.

By W. H. Gray, M.D., Michigan City, Ind.

Written for Practical Medicine.

THERE is nothing so beautiful and interesting as life itself.

Take a pure young lady with flaxen hair and rosy cheek, in the full bloom of womanhood, with a sweet, innocent smile as it flickers over her face from the impulse of pure love felt within her heart, and you have a true picture of womanly life.

Again, take a young man, with a brilliant and sparkling eye, a noble forehead, and a pure manhood to adorn his features, and you again have a picture of manly life.

Take the innocent child as it nestles closely to its mother's heart, with a sweet smile of recognition of its mother's love and devotion, and you have a picture of pure child life.

So in the vegetable and floral life. Take the rose trimmed with its evergreen leaves to blend with its beauties of color, with its rich perfume, and you have a fine picture of floral life.

So we have in all of animal life, the horse, cow, dog, cat, sheep, beautiful birds and bees as they sing and hum away, all blending together in sweet accord and harmony to answer to the great purpose and end for which they were so wisely intended by the Creator of all things.

What object lessons of real life should all of these designs and purposes teach us of the harmony and beauty of universal life by the author of all good, and of the importance of living perfect lives, free from all acts of immorality and dissipation for the preservation of the immortal soul beyond the grave.

How careful should every father and mother be in setting worthy examples for their children to follow, that their lives may be great and good through all time and eternity.

What grand ideas and impulses we might thus inspire in the hearts of our offspring if we would only teach them, by example and precept, to shun all habits of dissipation and crime—as drinking, swearing, fighting, gambling, card playing, and all immoral amusements. The son and daughter should be taught the value of purity, virtue, sobriety, and chastity in every act of their lives, and to never spend late hours on the streets, in the ballroom, or in any other place of indecent amusements, but to make their homes their happiest abiding-places. In such a life there would be peace, beauty, sunshine, and happiness forever and ever in the immortality of the soul, for "the pure in heart shall see God."

A BADLY COMPLICATED CASE.

By Oliver B. Bush, M.D., Colquitt, Ga.

Written for Practical Medicine.

CALLED to see Charles S., July 28, 1899, in the morning; found him suffering with a heavy attack of bilious fever. I prescribed for him and returned home, and upon my return to see him the next day I found him no better. I treated him for the bilious fever for a week, when the case began to take on typhoid symptoms. I at once changed my plan of treatment, and on the thirteenth day after the typhoid symptoms set in I had them relieved; but I found as a sequel to the typhoid fever that he had congestion of the liver. His skin and sclerotic coat of the eyes assumed an icterode appearance, which I had to contend with, and for eleven days I treated it, when I got that trouble relieved. Immediately upon the relief of the liver trouble the typhoid symptoms set up again, and it was then fifteen days before I could arrest the typhoid symptoms again, and as soon as they were arrested he took on dropsy. His abdomen began to puff and his limbs also; his skin and eyes began to turn yellow again. I went to work again on the liver and also on the dropsical troubles at the same time. I worried over them for some time—I do not recollect just how long—before I got the liver trouble under control again, but the dropsical troubles still held on. I treated them for some time longer, when the skin on the lower extremities began to burst in different places, and the water soon all ran out (in the course of four or five days); as soon as the water was all out of the extremities they began to slough and continued to do so—resisting all treatment until there was nothing left but the bony system, arteries, veins, and nerves, which were open to full view. The man lingered along in this condition until the 7th of September, when he died.

I will thank some of the readers of this article, if they can, to explain to me how and why there were so many complications in this one trouble—typhoid fever—and I also would like to know if any one ever heard of a similar case.

THE FATAL MICROSCOPE.

By Luigi Galvani Doane, M.D., New York, N. Y.

Written for Practical Medicine.

ALMOST everything man eats, wears, or uses in the construction of his house comes out of the earth, either directly or indirectly. For this reason man has been called the child of the soil. Of late years physicians have given forth the germ theory and claim that almost every disease is caused by germs, and is not the result of a microbe or bacillus. The germ theory has been rushed to such an extent that if we gave heed to the doctors man must starve to death; for germs are now found by the aid of the microscope in every tissue of the human body and in water and food.

The facts that we live to good old age and beget children seem to indicate that the germs and bacilli are not such terrible things, after all. Our poet tells us about them in the following way:

THE FATAL MICROSCOPE.

By Nemo, M.D.

The person with a microscope, he's always hanging 'round
And scaring everybody with his vision so profound.
If I paid attention to the various things he said,
I'd surely be so frightened that I might as well be dead.
There isn't any limit to the deadly germs he'll spy
Whene'er he takes his lenses out and winks the other eye.
I might face the jungle tiger and imagine it was fun,
But this microscopic terror truly has me on the run.
He writes about bacilli who your tissues will explore,
Of the marching microbe millions who are searching for your gore;
He tells of the persistence of these ministers of death
Till you nearly have a spasm every time you draw a breath.
He even gets up pictures of the surreptitious germ
Which is solely in existence to cut short your earthly term.
And life is strangely bitter and devoid of any hope,
All owing to this croaker with his maddening microscope.

Possibly some germs may produce disease, but it is incorrect to assert that all diseases arise from them, and we must, consequently, take the germ theory with a good deal of doubt.

Sometimes the disease causes germs which do not cause the disease; that is to say, the disease produces them and is not produced by them; and a wise physician will be able to make out the difference. Thus, diphtheria produces a bacillus, but is *not* produced or caused by one, although the contrary has been asserted by physicians interested in the sale of quack remedies or by doctors paid a salary, who find with the microscope microbes and other terrible things

---

"My grandpa had a perplexity fit yesterday," said little Bessie to her playmate.

"Perplexity fit!" exclaimed the other, "I guess you mean a parallel stroke, don't you?"

I know nothing that the human race is subject to that may not have its foundation in one or more attacks of la grippe. It is a good, sharp competitor with syphilis, typhoid, or anything else.—*Dr. Colby, in Medical Student.*

BRIGHT'S DISEASE AND TUBERCULOSIS.—TWIN DISEASES.

If there has been anything written, says Dr. Shade in *The Alkaloidal Clinic*, upon the subject of tuberculosis and Bright's disease bearing any kin or similarity as to cause and development, the writer has not noticed it in the medical journals. The causes and primary conditions are very similar, or so nearly identical that close observation and actual examination will convince the most skeptical that Bright's disease is a primary condition or predisposition that develops tuberculosis of the kidneys.

The writer's attention was not attracted to the twin relation of said diseases before the illness and death of our lamented ex-Secretary of State, James G. Blaine, who, undoubtedly, was a victim of both Bright's disease and pulmonary tuberculosis, or else his case was misrepresented by his attending physicians. It will be remembered that Mr. Blaine was brought to his death-bed by Bright's disease before the bacilli (tuberculosis) were discovered in his sputum under the microscope. In fact, it was only a week or two before his death that it was generally known that he had also developed pulmonary tuberculosis.

The writer has been very much interested from that time to the present on the subject in question. I at once began to wonder if any of my consumptive patients had developed Bright's disease before dying, as I had noticed some symptoms that are frequently pathognomonic of kidney trouble or of a radical abnormal condition of the glandular system in some important function. I began to make investigations, and found that there must be a very close relationship between tuberculosis and Bright's disease. I am persuaded now that they are twin diseases in many cases of malassimilation and malnutrition which are beyond doubt indispensable to the development of both pulmonary tuberculosis and Bright's disease. I have noticed, furthermore, that I have not lost a case of consumption that did not develop Bright's disease before dissolution took place, or a predisposition developing rapidly that ultimately would have so matured.

The tube-casts, discovered by Doctor Bright, will be found under the microscope, or disintegration of the lining membrane of the kidney will be going on, which would have thrown off the tube-casts if the consumptive had lived long enough to develop a more advanced condition or stage, when the casts are discovered in the urine.

For the last ten years the writer has made tuberculosis a study, and is more encouraged and infatuated than ever before with the wonderful strides being made along the line of infectious diseases; as the writer is of the class who believe that tuberculosis is an infectious and not a contagious disease, *per se*, else this country would have been depopulated long ago.

It may be interesting to narrate the history and treatment of two cases of tuberculosis and Bright's disease who are alive and well today, which fact should add weight to the evidence that tuberculosis and Bright's disease are curable diseases in certain stages. Why should any one hold out and argue that said diseases are incurable, when spontaneous cures are acknowledged by the profession? If that be true (and no one can deny it), how many more cures would result by assisting nature in a way that will enhance and increase the chances of a cure?

If malassimilation and malnutrition are indispensable to the entertainment and development of germs (tuberculosis), it seems reasonable to the writer that we are beginning to arrive at conclusions that will be helpful by assisting nature in a wise and feasible plan of treatment. No doubt there is a difficulty in the separation of the chyle and chyme along the intestines, and vitiated blood is a result. The chronic auto-intoxication produces malassimilation and malnutrition, chronic anemia, and when the patient dies, he dies of starvation.

Mr. B., aged 33, blonde, weight in health 170 pounds, suffered an attack of la grippe in 1894, and made a fair recovery excepting cough which continued. Six months later pulmonary tuberculosis was diagnosed by an eminent physician in this city. (His mother and sisters died of consumption.) He gradually grew worse and was advised to go to Colorado, where he resided two years, gradually going into a decline. He came home to die, weighing 90 pounds, with edema of the extremities, shortness of breath, copious expectoration from two cavities in his left lung, night-sweats, emaciated to a skeleton, having lost 80 pounds. Bacilli were found to be plentiful in his sputum, and tube-casts in his urine. His shoes were slit on the top to make room for his swollen feet; he had large hands and club fingers. I had no hope, none whatever. I prescribed merely to satisfy him and his friends.

Prescribed flushing of the colon every other night, one-half to one gallon of warm water; also 1-20 of a grain of calomel every night for one week; next week gave 1-4 grain of gold chloride daily; alternating every other week for one month, when the gold was continued right along and only omitted when his urine became highly colored or scanty, when three to five grains of the calomel were given. As soon as the urine cleared up I continued the gold, and gave tonics. After four months, during which time no one would have been surprised to learn of his death, during the summer of 1896, diarrhea set in, and of course we gave up all hope, feeling satisfied the mesenteric glands were involved. But to our amazement he pulled through the diarrhea. I gave copious enemas of warm rice-water, and 1-20 grain zinc sulphate, plenty of boiled milk and whisky. During his illness his appetite never failed him until the attack of diarrhea set in. After this he began to improve in every way. He also used the ammonium chloride and tar-glass valve-inhaler from the time he began treatment, and continued it for twelve months. After the attack of diarrhea he took no more gold, but occasionally three to six grains of calomel. I gradually stopped flushing the bowels, and prescribed a refined magnesia salt, dissolved in a cup of hot water, to be taken every morning on rising. This flushed his stomach, duodenum, and kidneys, and cleansed his alimentary canal.

He improved fast after eight months, and today weighs over 170 pounds, rides a wheel, and is in active business. His left lung has partly lost its function, but he does not suffer in the least from shortness of breath. During his illness his pulse was 120 to 140, due to the small volume of blood; today it averages 70 to 80. Flushing the kidneys in his case was of great benefit, no doubt, which was accomplished by a residue of water retained in the colon, which passes off by the bladder. A whole volume might be written about this case, as it was one of the most remarkable in every respect, and to exaggerate would be almost impossible. This young man, when able to go out during his illness, walked with canes, panting for breath, sat on the curbstones during violent coughing spells, and was compelled to carry large napkins on account of profuse expectoration. When he was able to get to my office he would have to rest for a few minutes before he could speak, on account of great weakness and quick breathing, though one of his lungs was free from disease. To see this man perfectly well now, large and handsome, is very remarkable.

Mrs. B., but not of the same name as Mr. B., also a resident of this city, age 20 years, a blonde, reduced in weight from 140 to 85 pounds, when the writer saw her for the first time. Tuberculosis had developed in her right lung, cavities in her upper lobe, and the lung solidified to a great extent, free expectoration containing bacilli, night-sweats, shortness of breath, scarcely able to walk across the floor, which she did to please me on my first visit. Her extremities were edematous, club fingers, tube-casts in urine. The writer was the seventh physician who gave no hope, and he pronounced the case hopeless in the last degree. However, to satisfy the daughter and mother, the case was put under the same treatment as was Mr. B., except that Mr. B. took beechwood creosote and Mrs. B. did not. Mrs. B. showed no important signs of improvement until about four months afterward, when the urine examinations were negative, and in six months there were no bacilli in the sputum, which gradually diminished; and aside from a depression over her right apex she is of a fine physique and has weighed 136 pounds now for several years. Both cases still retain club fingers, but enjoy good health for the past several years, which would indicate a permanency of the cure in both cases.

The writer prescribes about the same outline of treatment in consumption generally, with some remarkable results even in seemingly hopeless cases. The administration of calomel, which is a germicide as well as a mighty implement of precision and alterative, must be done cautiously, as no two cases are alike susceptible to the approach of the physiologic effect, which can only be estimated by microscopical examination of the gums and saliva.

It will not be necessary for the writer to cite any cases who have died, which would be of no benefit whatever to the reader, as we all lose our full share of patients who do not prove susceptible to treatment. It is to be hoped that those who are interested sufficiently to make investigation in regard to the twin relationship of Bright's disease and tuberculosis will give their experience to the profession without hesitation, for the benefit of not only the profession, but humanity. The writer is anxious for cooperation on the part of those who are sincerely interested, and who are making tuberculosis or Bright's disease a special study. The constitutional and alterative part of the treatment, aside from the flushing and inhalations, is, in the writer's treatment, confined to hydrargyri chloridum mite, aurum chloridum, and zinc sulphate, given cautiously when indicated, to assist Nature in resuming her normal functions, or, in other words, to make the patient susceptible to treatment.

MILK AS A UNIVERSAL ANTIDOTE.

A universal antitoxic, applicable to most of the cases of poisoning, has often been demanded. One exists, and it is very simple and well known. It is milk. Milk, by its fatty matter (butter) and by its caseine, protects the mucous membrane against the corrosive action of acids, alkalies, and other caustic or irritant substances. The chemical role of caseine is here very remarkable and very valuable. It is able to fill the double part of acid and of base, in presence of compounds with which it is brought in contact. It not only coagulates under the action of acids, by combining with them, but it also yields a precipitate with most mineral bases, forming insoluble caseates. If precipitation does not immediately take place with a product having a given reaction (acid or basic), this precipitate will appear through the intervention of another substance of contrary reaction. This is a very important law in toxicology, which, as has been observed by its discoverer, Dr. Crowzel, has never before been formulated or even noticed.

This chemist, therefore, proposes to add to the milk five per cent. of borate of soda. This salt is not toxic, and is employed because it precipitates as insoluble borates all the mineral bases, except harmless or slightly poisonous alkaline bases. The poisonous acids decompose it, seizing on the soda and setting free boric acid, which is less poisonous and less soluble.

Borate of soda thus realizes very remarkable general conditions, which are sufficient to make it a general antidote, although unfortunately not a universal one, which result can be obtained with no known product.

The mixture of borate of soda and milk is an antidote at once neutralizing and precipitant. It can be used especially with mineral poisons, although we must except cyanides, ferrocyanides, chlorates, nitrates, arsenites, arseniates, and oxalates. Of these, the first three are precipitable by a mixture of ferrous and ferric sulphate, while chlorates and alkaline nitrates cannot be precipitated by any inoffensive reagent. Arsenites and alkaline arseniates can be eliminated by magnesia.

In any case no risk is run and good may be done by giving milk with borate of soda to one who is thought to have been poisoned. It is the first thing to be done after emptying the stomach. If arsenic is suspected, magnesia should be given. If there are vegetable poisons, the best antidote is a one per cent. solution of permanganate of potash, which is harmless in this degree of dilution, and is easily obtained nowadays. It decomposes most organic substances by oxidizing them.— *Translated for The Literary Digest.*

COCAINE POISONING.

Recumbent position; amyl nitrite inhalations; aromatic spirits of ammonia in water, slowly sipped.—*Prescription.*

CARE IN PREGNANCY.

When a women calls upon me saying she is pregnant, and wants my care at confinement, I first ask her for a specimen of urine for analysis, and request that she send me a specimen every week until confined. If at any time I find albumin, I put her on treatment intended to relieve it and prevent eclampsia.

A careful digital examination should always be made at this time, with the object of determining the presence or absence of any pathologic condition that may complicate labor. The measurements of the pelvis should be taken, and the presentation of the child and its relative size to the pelvic diameters determined. The presence or absence of twins may often be ascertained at this time. If everything is found in a normal condition, a great source of anxiety is removed from the mind of the mother, and she will do better in every way for that knowledge during the remainder of the pregnancy.

At this same call I ask her to commence using every day over the abdomen some oil, either sweet oil, cocoanut oil, vaseline, or the old-fashioned goose oil, as soon as there is any feeling of tightness there. This diminishes much of the distress and feeling of tightness caused by the pressure, and many times entirely prevents the formation of those striæ found upon the abdomen of most multipara caused by atrophic condition of all the skin layers and obliteration of the lymph spaces.

By this treatment the skin is made so elastic and the circulation through it so improved that these atrophic changes do not take place, and by examining the abdomen of many of my patients after confinement you would not know that they had ever borne children.

At this first visit I also urge that the perineum be thoroughly oiled and stretched each day. I am not content to have the parts greased over; but request that the stretching and kneading of the perineum be thoroughly done.

Our patients derive a double benefit from this care: the long delay of the head at the outlet is avoided, and many times we are able to deliver a primipara of a large child without any laceration, as was illustrated a few weeks ago by Mrs. A., with her first child, who when she called said her mother and all her relatives had a "hard time." I gave careful directions about the oil, and she was very thorough in its use. When she came to be confined I found a large child and a face presentation, and, although rather slow, there was not a nick in the perineum.

I also request my patients to keep the bowels regular by largely a fruit diet and plenty of exercise, preferably out of doors, and advise the use of a hot sitz bath twice or more each week. If they are not able to have a bath-tub, tell them how to use a wash-tub for that purpose, setting one edge of it on two bricks.—*Dr. Maynard, in Cleveland Journal of Medicine.*

DEODORIZED IODOFORM.

The peculiar, disagreeable, penetrating, everlasting odor of iodoform may be thoroughly masked by either the oil of rose, one minim; the oil of rose geranium, four minims; or oil of citronella, two minims, to the dram of iodoform; of these the oil of citronella is by far the cheapest.—*Cleveland Medical Gazette.*

THERAPEUTIC USE OF HOT AIR.

The frequent occurrence, says Dr. Walton, of diseases and accidents indicating this mode of treatment has made it an inviting field for therapeutic resources; the testimony in its favor is also increasing. It has been practically demonstrated that dry heat can be borne at a temperature far above the boiling point, and even as high as 450° (?) without serious discomfort or subsequent inconvenience from irritation of the skin. The physiological effects most noted are relief from pain, relaxation, increased arterial tension, capillary dilatation; and by stimulating the local circulation heat is effective in promoting absorption of inflammatory exudations; there may be a hyperemia or diminution of blood to the parts, according to the degree of heat applied; and as a sudorific it is both soothing and stimulating.

A grouping of symptoms to be antagonized by these effects would suggest sprains, anchylosis, synovitis, arthritis, rheumatism, gout, lumbago, sciatica, nephritis, uremia, hepatic and nephritic colic, and various other inflammatory conditions. Its most happy results are to be noted in sprains (traumatic synovitis); the pain is relieved and the effect is so immediate as in some cases to permit the use of the joint after a single treatment. Anchylosis is affected by heat when the joints are not grown together by bony deposit; the tissues are softened and rendered pliable, and adhesions broken up. Synovitis, when resulting from tubercular disease, is relieved after all other remedies have proven inefficient. As a local agent applied to the affected part heat is soothing; diaphoresis, thus produced, causes elimination of some of the poisonous elements. The kidneys are stimulated, causing increased excretion of urea and chlorides; the prespiration is found to be strongly acid. The bone-like deposits, characteristic of rheumatoid arthritis, are broken up by dry heat, which offers some encouragement, since drugs have not had even a show of success.

The efficacy of iodoform, after injection, is wonderfully increased by the high temperature, and the dissemination of free iodine through the tissues is greatly facilitated, permeating every part of the surrounding tissue, where access to the germs otherwise would be impossible. A most significant question here arises: Why should not the tubercle bacilli be directly killed or the pabulum for its propagation be so sterilized by such high temperature as to warrant the assumption that tubercular joints might be cured by this process, since we know that a temperature of 400° is absolutely destructive to the bacilli?—*International Journal of Surgery.*

IRON IN ANEMIA.

I think it an indisputable fact that iron in some forms is the essential and the specific in the treatment and cure of anemia; and it remains no longer a question in my mind as to the absorbability of inorganic iron, but to give it in the form which is most readily absorbable; and there are several requirements which, if fulfilled, certainly add materially to the value of the preparation and approach more nearly an ideal hematinic. Preferably, the form of iron should be insoluble when administered, for, by being so, it is harmless to the teeth, a most important consideration in children, whose teeth are just forming and are so susceptible to the least injuries. The preparation should not nauseate nor disturb digestion; for at the very best in anemias we have a most sensitive stomach, the vitality of which is at a low ebb, and if we destroy the aid of the digestive organs in our treatment we have done a far greater wrong than our tonic can overbalance, as the proper food nutrition is the first and most important consideration.

As anemia is not infrequently a concomitant and a result of constipation, due to the self-infection and blood destruction from the toxic agents locked up in the bowel, it is a self-evident fact that the preparation should not be astringent, but, rather, a laxative. Indeed, Sir Andrew Clark emphasized this point decidedly when he said that if limited to the choice of one drug in the treatment of chlorosis he would prefer a purgative.

Finally, it should be a preparation which can be absorbed with the least possible effort on the part of the tissues, for their vitality in anemia is low.—*New York Medical Journal.*

WHOOPING-COUGH.

Equal quantities of the bromides of soda, ammonium, and potassium were used in sixty test institution cases. The results considered from all standpoints were better than with any of the means thus far referred to. The severity and duration of the paroxysms were especially influenced. The number of seizures was practically unchanged. From twelve to sixteen grains in twenty-four hours were given to a child one year of age. When given in syrup of raspberry on a full stomach or with plenty of water there is very little disturbance attending its use. For a child two years of age sixteen to twenty-four grains may be given daily.—*Archives of Pediatrics.*

FITTING GLASSES.

In all young persons, and many older ones under forty-five or fifty years of age, it is necessary to use a mydriatic; that is, a medicine to dilate the pupils and relax temporarily the muscle used in straining the eyes, in order to find the lenses needed, and they must be held in proper position before the eyes by carefully adjusted frames in order to be beneficial. The spectacles, if accurately fitted, simply enable the wearer to see without straining the eyes, thereby stopping a leakage of nerve force, and it is in this way that cures are effected or benefit derived from the wearing of properly fitted glasses. The difficulties in fitting the glasses are much greater than one who knows nothing of such things would imagine. It usually requires, including the time of waiting for the effects of the medicine used, from two to four hours in each case to make the necessary tests. It is a kind of work that requires skill and painstaking care, and cannot be successfully done in a careless or slipshod way.—*American Practitioner and News.*

Professor Virchow was examining a medical student who had remained dumb to question after question until asked, "Is regeneration of the brain possible?" when he energetically replied in the affirmative. "Well, then," Virchow observed, "there is hope for you yet."

Practical Medicine

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THIS NUMBER IS THE BEST
THE NEXT WILL BE BETTER

How many prescriptions have you seen in your journals this month for summer diarrhea? Some less than a thousand have been noticed by us, and still there's more to follow!

A glance at these prescriptions shows that the writer either believes in a good calomel purge or in a stiff dose of opium and acetate of lead. We have not as yet seen a prescription calling for cucumbers and cherries, but we would not be surprised in the least to find one.

PRACTICAL MEDICINE always desires to be right in the middle of the stream; hence, not to be outdone by its neighbors, we have our little prescription to give. The only trouble with our prescription is that it does not add to the files at the corner drug store! And it is so easy to take it seems that it must be quite powerless; but the cure is so universal that we are willing to let it stand the test. So, here it is:

Rest and hot milk!

It will not cure every case; neither will calomel nor opium. But we will guarantee a three months' subscription to this journal that it will cure just as many cases as these powerful drugs, as they are usually administered. Keep the patient flat on his back, if possible. Let him go without eating for twenty-four hours, taking only a few simple drinks in the meantime; and then begin with small quantities of hot milk.

What is recommended today as the best treatment, broadly speaking, for the summer diarrheas of children? Take away all food for a number of hours—for a whole day, if possible. Often this simple treatment alone will effect a cure, and the per cent. of recovery will be vastly in advance of that following "chalk mixture," etc.

The above ideas occur to us as we read our exchanges setting forth the various treatments of typhoid fever. One declares that the patient must be fed and fed and fed. Give vast quantities of milk, eggs, whisky, prepared foods, etc. And yet the patient continues to lose flesh at an alarming rate. The trouble is, too much food goes into the stomach and too little goes into his tissues. We are in the high tide of the age brought about by the famous treatment of Graves, of Dublin, who first taught us, as we all know, the value of feeding in fevers; but Graves never thought for one moment of stuffing his patient after the country fashion of cramming the turkey preparatory to its offering on the Christmas block.

How is it possible for a patient ill with a raging fever to digest as much food as a strong man? And yet we are told to crowd down the eggs and milk! But there is one food which may be used most freely, and that is—water. Use it freely on the outside to keep down the fever and give plenty of it to drink to counteract the tremendous onslaught made on tissue metabolism. But we had no intention of elaborating our ideas on the treatment of fever, only desiring to call attention to some of the inconsistencies one cannot fail to see.

Why does not some one come forward and make a national reputation for himself by calling attention to the condition of the teeth of the average schoolchild? It would be a shocking list of statistics to read the ratio between sound and unsound teeth. And one would probably be inclined to follow this up a little further and note that those children who had the best teeth stood highest in their classes. Easily figured out, for good teeth make good digestion more probable, and this means a clearer and stronger brain.

The *British Medical Journal* says that the bad condition of schoolchildren's teeth "may be looked upon as a national calamity." Perhaps some of our oculists who are so persistent in their endeavors to find out every departure from the normal curve of the eye might take a vacation and allow the dentists to have a turn.

HOW TO GIVE A HYPODERMIC INJECTION.

This is a simple procedure, which, however, may be the making or unmaking of the doctor. It is so common to give it the wrong way, the most painful way, as much so, nearly, as it is not to feel the stab of the needle if one is not receiving it. The wrong way is to pinch up a fold of skin in the tenderest part of the upper limb, the anterior forearm, and then slowly push the needle through, shoulderwards, with as much deliberation as if it was intended to make it steal to its destination without cognition by the involved nerves. We never see it done this way without imagining part of the unnecessary pain it causes, and having rather hard feelings against the introducer of the needle.

The right way to do this is to pick up the entire fleshy mass between the skin and the bone in the less tender part of the upper limb, the back upper arm or shoulder, and push the needle directly through at right angles to the skin. It should be done with a quick stab, and made to enter the muscle mass. The fluid is then gradually pushed home, after which the needle is withdrawn quicker than it went in, the puncture site being massaged for a moment for the double purpose of obliterating the needle track and promoting absorption of the injected liquid.

Try this method once and you will never want to go back to the other. The patient does not mind it. We have never had an abscess in twenty years' work. It is the only right and least painful way of giving a hypodermic injection.—*Medical Council.*

MAGISTRATE: Prisoner, have you any visible means of support?

PRISONER: Yis, sor, yer honor. Bridget [to his wife, a laundress], stand up, so that the coort can see yez! —*Charities.*

PROTECTION FOR THE APPLICANT FOR LIFE INSURANCE.

It has become the custom of business men, says Dr. J. Howe Adams, to employ special help for special work, and generally with excellent results. When a man sells a piece of property he calls in his own lawyer or his real estate agent to protect his interests; when he undertakes any other work of which he feels he is not himself a competent judge he gets some skilled assistance upon the subject from experts. But when a man applies for life insurance he is examined solely by what might be termed his business opponents, for the object of the investigation is, really, as far as he is concerned, unfriendly. The examination is intended to deprive him of the benefits of life insurance for the advantage of the company without possibility of appeal if the medical examiner or director regards him as unsuited.

The reason for this is that this question has been unanimously decided in the present way because the medical examiner has uniformly been an honest man, and he has used his best efforts both for the benefit of his company and for the benefit of the insured. At the same time, he is the watch-dog for the insurance company, and he realizes that on his judgment and the carefulness of his investigation much of the ultimate financial success of the company depends. Again, the local agent looks after the interest of the insured as actively as he can, for he naturally is anxious to have the insurance placed; but, as a rule, he possesses no medical knowledge, and he is unable to be a guide in cases of doubt or dispute.

The medical director, who also examines the data which he obtains from the local medical examiner, is often placed in matters of doubt in great embarrassment. He has had no opportunity for seeing the candidate for admission, and he is deprived in this way of an important element in making up his diagnosis of the case. Of course in a large proportion of cases the report sent in by the medical examiner is so clear-cut that the director has no difficulty in making up a decision; for example, when the report is so good that there is not a cloud in the sky, or where the report contains evidence of definite disease, there is naturally no time lost by the medical director. But when he comes to the doubtful cases which stand partly in one class and partly in another, he is put in an embarrassing position. If he allows good risks to escape, he is doing an injury to his company; if, on the other hand, he saddles the books of the company with poor risks, he does it a greater harm. In consequence there is no doubt that in many cases of uncertainty the medical director turns down the applicant, not because he knows he is a "bad risk," but because he fears he may develop into one. By the arrangement which companies have with each other, of reporting mutually the rejected risks, still further doubt and embarrassment come into the mind of the medical director. If, for any cause, a man is rejected by one company, the fact assumes the utmost importance to another company. It is a "black eye" of the deepest hue for the applicant. The reason for this is self-evident; if a medical director accepts what looks to him to be a good risk, but one which has been rejected by another company, and that risk should die not long after admission, the question which would at once come to the minds of the managers of the company would be, "Why was this man accepted, when he was rejected by such and such a company, and he proves that he was a bad risk by dying almost at once?" It is much safer and much easier, therefore, for the medical director to turn down such risks at once. Under these circumstances he is likely to hear no protests, except possibly a feeble "kick" from the agent or the applicant.

For this reason, therefore, it is my belief, after ten years of work as a medical examiner, that every applicant for life insurance should have some protection or some scientific knowledge of his own condition other than that supplied by the medical examiner. I know that this is true among medical men themselves; in the few examinations which I have undergone for life insurance myself I have always, within a day or two previously, either made or had made a careful examination of my condition before presenting myself to the accredited medical examiner of the company to whose ranks I wished to be admitted.

I will endeavor to present a few reasons, outside of those which I have already stated, why and how the applicant should protect himself. In the first place, I do not believe that it lies within the province of the company to suggest to the applicant that he fortify himself with a previous examination; on the contrary, I think that such advice coming from such a source would be very ill-advised. It should either come from the agent of the company, from the family physician of the applicant, or from the general knowledge which the applicant himself has picked up.

I. The presence of albumin in the urine is a common cause for rejection in all companies. The significance which is attached by the medical director and the medical examiner to the presence of this symptom it is scarcely possible to overstate. It is generally regarded as the conclusive evidence of the existence of Bright's disease. A man who has once been rejected for this reason has his chance for future acceptance lessened very materially. And yet undoubtedly it requires much more than the mere chemical examination of the urine to determine the presence or absence of albumin, tube casts, and the other symptoms of Bright's disease. It would be well if every company would require that a careful microscopic examination be made of the urine of every applicant. Undoubtedly more importance is attached to the presence of albumin in the urine than it actually deserves. A number of years ago Professor Tyson, the well-known expert on urinary analysis, published a paper on "Intermittent Albuminuria in its Relation to Life Insurance," in which he drew these valuable conclusions:

"(1) The applicant must in all other respects present the signs of good health. (2) The albuminuria should be unaccompanied by tube casts. (3) If the quantity of albumin is large, the applicant should be rejected irrespective of the presence of casts. The term 'large albuminuria' admits, of course, of considerable latitude in its application; an albuminuria is large in which the albumin habitually equals one-fifth the bulk of the specimen examined. (4) A consideration which goes far towards establishing the functional character of an albuminuria, although not essential to this end, is the absence of albumin on rising in the morning. Nor dare it, of course, be said that such an albuminuria precludes the existence of organic disease; it must be taken in connection with the other considerations named. (5) A point of importance is the specific gravity, meaning thereby the specific gravity of the 'twenty-four hours' urine. Whenever, in addition to the absence of other symptoms, this specific gravity is about 1020 another important fact is in evidence against the presence of organic disease, and in favor of the view that the albuminuria is functional. On the other hand, if the real specific gravity of the urine be 1012, 1010, or 1008, or even less, as it sometimes is, it would be hazardous to accept such a case of albuminuria, however good may be the apparent health of the applicant, and even in the absence of casts. To judge unfavorably from the specific gravity of any portion of the twenty-four hours' urine would be exceedingly unfair to the candidate. (6) The signs of hypertrophy of the left ventricle of the heart and of high vascular tension associated with albuminuria are conclusive symptoms of renal disease and should exclude the candidate. (7) A highly important consideration is the age of the candidate. Albuminuria is much less apt to be of a functional kind in persons over 40 years of age than in those who are younger, especially between the ages of 21 and 25. It is doubtful whether any person with seemingly functional albuminuria who has reached the age of 40 should be accepted unless he has long been under the observation of a competent and conscientious observer. (8) The presence of true gout in any shape precludes admission to life insurance, because gout is always sooner or later followed by interstitial nephritis. Finally, the retinal symptoms so commonly associated with chronic Bright's disease, although usually late in their appearance, do sometimes form the earliest noted sign of this affection, and, whether or not conjoined with albuminuria, must effectually exclude the candidate from the advantages of life insurance."

Of course this matter is not left undisputed. Dr. Geo. Johnson, an Englishman, published some observations on the same subject in which he came to the following opposite conclusions:

"(1) The presence of albumin in the urine, even though small and intermittent in amount, is always pathological. (2) The examination of urine in all ailments, even though slight, has led to the detection of albuminuria in many youths and adolescents who are especially liable to be predisposed to the commonest of its existing causes, as cold, moisture, or overfatigue, and who have not lived long enough for the ultimate evil results of a neglected albuminuria. (3) Albuminuria, whether intermittent or persistent, in persons of apparent good health, has not such special features as to justify the term 'physiological,' 'functional,' or 'cyclical,' or 'the albuminuria of adolescence.' The term albuminuria of adolescence is especially an improper one, because such albuminuria is observed at all ages in both sexes. (4) In almost all cases of albuminuria it is possible by careful examination to discover the cause. (5) Almost every case of acute nephritis passes through a stage of intermittent albuminuria in its progress to convalescence, and, on the other hand, one is almost always able to trace intermittent albuminuria back to a more or less remote attack of acute nephritis. (6) Intermittent albuminuria is curable if all its causes are understood; these are combated by appropriate means, while neglect of this may lead to a persistent form, which, although it may be unattended for many years by symptoms of deranged health, ultimately results in a fatal degeneration of the kidneys. (7) It results from these facts that one ought to examine the urine in every disease and in every candidate for life insurance, however robust he may seem to be. (8) Finally, it is necessary to examine the urine not only after rest in bed, but before and after food and exercise."

Dr. Johnson does not think that any prudent medical officer should advise that a proposed assurer with a trace of albumin should be accepted at the ordinary rate of premium, for it must involve some extra risk.

There is no doubt that there is a form of albuminuria in which the albumin appears in the urine after eating certain kinds of food, possibly in rather immoderate amounts, such as eggs, cheese, or pastry. Consequently this condition is not constantly present, but occurs at special periods, such as after breakfast or a noonday meal. It can only follow the taking of food, and, as a rule, it follows this action very promptly; it is not attended by any other sign of disease, tube casts being totally absent.

It is a very important factor in the diagnosis of dietetic albuminuria to remember that albumin is never found in the urine before breakfast, and there is lacking all the signs of disorder of the nervous system found commonly in other forms of kidney trouble. The urine shows a high specific gravity; in fact, many observers lay great stress on this point, claiming that this condition is invariably present in these cases. This point of high specific gravity is one of great importance in kidney trouble; except in very acute cases of Bright's disease, or in those advanced cases where there is a diminution of the solid matter in the urine which is counterbalanced by the decrease in the water excreted, thus raising the specific gravity, the presence of high specific gravity in any urine is fair presumptive evidence that the urine is not from a case of Bright's disease.

The absence of albumin in the early morning urine in dietetic albuminuria becomes a matter of great importance in many instances, even outside strictly medical matters; for example, Dr. Pavy, of London, relates a case occurring in his practise in which a young lad seeking a position in the English civil service was rejected on the ground of the presence of albumin in his urine. His medical adviser thought of the possibility of its being this form of albuminuria, and found that his urine passed on rising was perfectly normal in its constituents.

There is another form of albuminuria, following severe exercise. Its diagnostic point is the fact that it occurs only after strenuous efforts or exertion, while there is an absence of all other symptoms, both as regards the nervous system and the digestive state. The severe exertion does not produce albuminuria in a distinctive or striking manner, and as soon as the strain is over the abnormal ingredient at once disappears. It is much more difficult to distinguish between the true dietetic albuminuria and that due to malassimilation; in fact, these forms are generally confused. Possibly the difference is only one of degree, but in that form due to excessive uric acid formation the symptoms are much more marked than in the pure dietetic form.

In the uric acid variety of albuminuria the patient suffers from indigestion, flatulence, and constipation; he is very nervous; mentally, he is greatly depressed about himself; and he is frequently annoyed by an irritable bladder. Albumin is found in the urine frequently, being most marked in the afternoon evacuations. Occasionally, a few epithelial casts may be found; the urine is strongly acid, with a specific gravity rarely below 1022, and with deposits of quantities of "brick-dust." This uric acid malassimilation may become so marked that it will be confused with the ordinary form of Bright's disease, especially when the patient exhibits some body waste, indisposition to either mental or physical exertion, and is easily fatigued, with the production of frequent headaches and vertigo.

But, to distinguish this malassimilation condition from true Bright's disease, we soon see that the hypertrophies and other cardiac lesions of Bright's disease are wanting; there is no dropsy or eye lesions, and the actual character of the urine is most significant. It is in the urine that the diagnosis must be made, after all; first of all, there is the high specific gravity in uric acid conditions in a urine that is about normal in amount or a little scantier than normal. The specific gravity generally ranges high, from 1022 to even as high as 1036. The urine on standing deposits urates, even uric acid, and frequently mucus; or in the deposits, in the place of urates, are often found crystals of the oxalate of calcium, for the uric acid condition does not necessarily show itself in the presence of urates in the urine.

Thus we have several forms of albuminuria which have been rescued from the list of Bright's disease; the clinical history impresses on us that in the examination of the urine it is not sufficient to make the ordinary tests for albumin, but the investigation must be pushed further. If the urine is examined in a routine way, without regard to these points, the candidate will often be condemned when his condition does not justify it at all.

There are other sources of error, however, in the examination of urine. For example, some years ago I examined an applicant for insurance on a very cold day in summer-time. The weather up to this time had been very warm and oppressive, and the change had come during the night. The applicant during the evening before had been drinking beer with some friends, and I examined him about nine o'clock in the morning. I found on examination that the specific gravity of his urine was very low; I do not remember nor can I find a record of what it was exactly, but it was not more than 1004 or 1005. It was necessary to get the examination in at once; as the young man was going away on his vacation that day, to be gone for several weeks; in fact, it was his going away that led him to apply for the insurance. I stated the circumstances under which I obtained the specimen of urine examined to the medical director, but in a few days the report came back that the young man was rejected on account of the "unsatisfactory report of the examination of his urine." I explained the circumstances to the agent, and personally looked up the young man, made another examination, and, eventually, succeeded in getting his application accepted. But if I had taken no further interest in the case after making the examination the young man would have received a "black eye" which would have followed him through life, and all for no reason whatsoever.

II. A further reason why the applicant should receive careful attention from his own physician is the custom of many companies of obtaining information in regard to the habits and life of the applicant unknown to the local agent or examiner. For instance, in one examination an applicant, after much apparent hesitation for several weeks on the part of the officers of the company, was turned down because, as they stated, they learned "that the applicant was practically a habitual drunkard." It so happened that the man was a superintendent of a large iron works in Pennsylvania, and I knew him to be a man of most exemplary habits. The agent, to whom the applicant's habits were also known, was nonplused as to the way in which the report could have been obtained. It upset and provoked the applicant and the agent far more than either dared to state. Subsequent investigation proved that the company had made arrangements with a local detective agency to determine for them the habits of certain applicants. With the astuteness which marks the average detective, this "Hawkshaw" simply called upon the applicant, and, without stating his business or even his name, began to ask a number of personal and, to the applicant, impertinent questions. The applicant did not associate this visit with his application for life insurance, but grasped the idea that his visitor was from some financial agency. As his rating was good and he did not care to have it improved, he grew tired of the inquisitor, and, as the latter became rather impudent, the matter finally ended by the superintendent of the company ordering his visitor out of his office. In revenge for his treatment, the detective, without the slightest evidence to prove his assertion, simply turned in the report to the insurance company that the applicant was a habitual drunkard. The upshot of the whole matter was that the company lost a first-class risk and subjected themselves to considerable criticism and annoyance. This is a point which the agent of the company would do well to speak of to the applicant—that is, the possibility of the investigation of his manner of life.

Personally, I do not believe that a risk showing albumin in the urine should be accepted by an ordinary company, but, being examined beforehand, his condition might be detected and corrected. No applicant should be in reality ever rejected, because he should know his condition in advance, and if hopeless as a risk he need not apply. There are other questions besides these which it would be well for an applicant to be advised upon, such as over or under weight, family history, etc., but certainly the idea is of practical moment and worthy of consideration. — *The Medical Age.*

DIETETICS.

Persons who change their way of living from the ordinary diet of meats, white bread, etc., to fruits and cereals, with a liberal supply of fresh vegetables, very soon notice a difference in their general appearance. The skin becomes clearer in color and finer in texture; it is neither rough to the touch nor does it feel doughy. If there are pimples, they disappear; the blood circulates freely, the skin perspires, and the breath has no unpleasant odor; a large amount of the waste matter in the system is thrown out by cutaneous depuration. The catarrhal conditions from which so many suffer are also removed, along with the causes which lead to them. The same is true of headaches; they are cured by eating correctly. About the only objection to the hygienic dietary is that, if it were universally adopted, the doctors would have but little to do. Each individual would be his own physician, and he would very soon learn that prevention is better than cure. — *Sanitary Home.*

A NEW MEDICAL DANGER.

A man in Indiana has sued a physician for $10,000 for failing to respond to a call. — *Medical Age.*

CLINICAL MICROSCOPY IN DISEASES OF THE RESPIRATORY ORGANS.

The past few years, says Dr. H. Stuart Maclean, have greatly enhanced our knowledge of laboratory and microscopical methods for the diagnosis of diseases. Some of our older physicians can recall the time when the microscope was a rarity even in the colleges, and a microscope in the office of a physician was simply a means of whiling away leisure hours by (usually) botanical study. Since that time, however, year by year, a mass of evidence has been accumulated by laboratory workers and clinicians in all departments, and facts have been adduced which, through experience, have come to be recognized as of reliable diagnostic or prognostic value.

Like everything "new," clinical microscopy has been injured by enthusiasts who have, either through inexperience, immature observations and judgment, or incorrect deductions, claimed that which could not be substantiated nor fulfilled. Practising physicians having to form their opinions from the current literature on the subject have thus been misled, and once this having occurred they have, perhaps, been slow to accept that which can be proved and often would be helpful. In diseases of the respiratory organs clinical microscopy has been more uniformly resorted to and useful than anywhere else; and under this heading we wish to consider briefly some of the more important conditions in which it is of value.

The usual examination of the secretions from the air-passages is limited to the detection of some specific form of micro-organism. This is usually all that is necessary, but at times, in stopping here, information is lost which might be of material value. It would, therefore, be urged that more attention be paid to other constituents, such as elastic fibers, pigmented epithelial cells, crystals, spirals, etc., as well as to the gross characteristics of the material. For instance, we recognize that purulent sputum has a characteristic color, but it is possible that a green tinge may be imparted by bacterial pigments or biliary coloring matter.

So, too, the odor and the general appearance of the sputum may have considerable significance. These points, however, would be included more properly in a paper upon the sputum alone, so will be passed over here.

Pneumonia.—The sputum in pneumonia is often supposed to be of a characteristic color and consistency; this, however, is not always so, and a diagnosis based to any extent on the presence or absence of rusty colored or prune-juice sputum is liable to considerable amendment. In this disease we have an instance where too much has been expected of a microscopical examination, for the disease cannot always be diagnosed on examination of the sputum alone by our present knowledge and methods. Yet an examination will usually be of great value, and the presence of the pneumococci in any number is strong evidence, especially if the other clinical symptoms are at all suggestive. It is well known that pneumonia in a certain proportion of cases is not easy to diagnose, and if the pneumococci can be found it is a material point gained.

In examining rusty sputum one is not infrequently surprised to note that there are comparatively few red blood-corpuscles. This has been explained, however, by Traube, who showed that the color was largely due to the presence of dissolved hemoglobin. This red color may change quite rapidly to one of grass green, which has been claimed by Nothnagel to be due to the conversion of the coloring matter of the blood into biliverdin. In this disease we not infrequently obtain valuable aid from a blood examination. There is always an increase in the white corpuscles (or leucocytosis), which commences with the chill and lasts until a short time *after* the fever has disappeared, whether that be by crisis or lysis. In cases where a pseudocrisis occurs the leucocytosis remains high, while in event of true crisis the number of leucocytes *begins* to fall a few hours *before* it. The existence of leucocytosis in an obscure case may afford a clue to the real condition.

Last summer, at the request of Dr. W. S. Gordon, the writer examined the blood of one of his patients. The case was an obscure one, with a history of indisposition for some days, recent chill, and high fever. The patient had been confined about six weeks previous, and there was some tenderness in one breast. She had just arrived in Richmond, and it was difficult to say whether the case was one of typhoid fever or malaria. A blood examination failed to reveal any malarial parasites, and at the same time a considerable increase in the number of leucocytes was observed. This latter excluded both malaria and typhoid fever, unless they were complicated by some other disease, and the probability of the existence of a commencing suppuration or pneumonia was suggested. The following day many symptoms of pneumonia developed, and the case ultimately ran the typical course of that disease.

The examination of the blood may also be of decided prognostic value, for it has been repeatedly demonstrated that the absence of leucocytes almost always indicates a fatal termination. Another unfavorable symptom found in the blood is the presence of the pneumococcus, the majority of such cases terminating fatally, death not infrequently being preceded by gangrene of the lung.

Asthma. — In the expectoration of this disease are found long, spiral bodies, apparently fibrinous threads twisted loosely around a faint central fiber. They are said to occur only in the bronchial form of asthma, and are, to that extent, of diagnostic value. They are occasionally found in pneumonia, acute bronchitis, and tuberculosis, and are supposed to be formed in the small bronchioles by twisting of the mucous threads. Indeed, they have been experimentally produced by twisting mucous shreds on their long axis. There are also found crystals, commonly known as Charcot-Leydens' crystals, which, while found in large numbers during the paroxysms, are likewise to be seen at all times in the bronchial expectoration of asthmatics. They are probably derived in some way from mucin, as has been demonstrated by V. Jaksch, and they are noticed to be formed in and around the spirals after allowing sputum in which they were not at first noticed to stand for a few hours.

These crystals are sharply pointed, octahedral in shape, and vary very much in size, being found as large as fifty microns in length. They are found in the grayish-yellow masses expectorated during a paroxysm. There also is noticed in the sputum one form of leucocyte, the eosinophile, in large numbers. This cell differs from the other white corpuscles chiefly in having relatively large granules which have a peculiar affinity for acid stains, as eosin, etc. In a properly stained specimen will be noticed these sharply stained leucocytes far in excess of the number usually present in sputum or pus; while throughout the field will be seen other leucocytes (neutrophiles) and many of the eosinophilic granules which have escaped from the cells and appear like brightly stained spores.

It will be seen, therefore, that a microscopical examination may be of considerable value in asthma, and it is well to be familiar with the points to be looked for and the information to be gained.

Tuberculosis.— There probably is no one disease in which a microscopical diagnosis is so often sought as tuberculosis. While a physical examination usually will make a diagnosis, we are forced to admit that in a certain number of cases, presenting all or nearly all the physical signs of tuberculosis, negative examinations of the sputum have decided against such a diagnosis, and the further cause of the disease has demonstrated the microscope to be correct. Within the past year or so the writer has reported negatively on at least six specimens of sputum from cases in which a diagnosis of tuberculosis had been made from the physical signs, and in every case the subsequent history has demonstrated the absence of tuberculosis. Some of these cases had made every preparation to remove to another climate, so strongly suggestive were the physical signs.

The great value of a microscopical diagnosis in this disease lies in making it *early*. Usually, if the case has progressed so far as to allow of a positive diagnosis on the physical signs alone, it has become hopeless. The aid of the microscope should be sought when the physical signs are simply suggestive,— if a cough is not disappearing quickly enough after pneumonia, a little dulness, or bronchovesicular breathing, perhaps a few moist rales; in other words, when the case is only a "bronchitis" which, for some unknown reason, will not yield to appropriate treatment. If this were the usual custom, it would save many cases. After so much grippe and pneumonia as has prevailed here this winter we will see many such cases of persistent bronchitis refusing to respond to treatment, and a prompt microscopical examination may detect the tubercle bacilli long before the physical signs have developed sufficiently to base a diagnosis upon, and the patient's life is saved.

In examining sputum for tubercle bacilli there are certain points always to be borne in mind:

1. The sputum should be *coughed up*, not simply cleared from the throat (unless the case be one of laryngeal tuberculosis). Disregard for this point is not infrequently the cause of failure to make diagnosis and consequent discredit upon the method.

2. While a positive diagnosis may be made on the first slide, yet it is another matter to make a negative one. A large number of slides should be prepared and carefully searched, the fact that the sputum is from the lung ascertained, and even then it is wise to ask for a second and often third specimen.

3. In cases where the bacilli are few in number or not found at first it is often of service to place the sputum in the incubator for eighteen or twenty-four hours. This increases their number and renders their detection proportionately easier. The bacilli may also be separated by boiling with caustic soda, allowing it to stand for a time, then examining the sediment, or by using the centrifuge.

The number of bacilli present are, in a way, a measure of the extent of the disease, many bacilli meaning a widespread involvement and, particularly, *rapid* progress. At the same time, there is no accurate method of estimating this point by counting the bacteria, although much work has been done along this line. It is likewise claimed that the bacilli increase or diminish as the fever is high or low. While all these facts have as yet no actual diagnostic or prognostic value, yet it is hoped that the results of patient, repeated observation will, in time, produce more tangible and practically applicable methods.

In tubercular sputum are often found fibers of elastic tissue derived from the lung substance. It is indicative of destruction of lung tissue and a more or less advanced stage of the disease. They occur in any condition of the lung in which breaking down of the parenchyma occurs, such as gangrenous pneumonia, abscesses, bronchiectasis, and are readily discovered by examining the sputum, without any preparation in the way of fixing or staining. Their occurrence, therefore, with tubercle bacilli denotes that the disease has advanced to the stage of cavity formation. It should be borne in mind that in acute miliary tuberculosis the bacilli may be especially scanty or even, at times, absent from the sputum.

The blood examination in pulmonary tuberculosis is remarkable for the absence of any material changes. Especially in the advanced stages one would expect, from the accompanying pallor and the wasting nature of the disease, that the red corpuscles would be diminished, but this rarely, if ever, occurs. They remain normal, or are even increased. The white corpuscles are, likewise, seldom influenced, except when there is considerable cavity formation; then leucocytosis usually appears. Holmes, of Denver (*New York Medical Journal*, Sept. 5, 1896), has announced certain changes which, he claims, occur regularly in the leucocytes in tuberculosis, but his studies have not been fully corroborated.

Influenza. — In influenza a microscopical examination may be used as a means of diagnosis, the specific bacillus of Pfeiffer being found in all cases. Only in cases where there is a question of differential diagnosis is it necessary, however, as the disease is usually easily recognized from the symptoms.

Diphtheria. —The value of a microscopical diagnosis in this disease is fully recognized and more universally resorted to. It has resulted in recognizing many cases as diphtheritic which have hitherto not been considered as such, with the result that the danger of infection and, consequently, the number of cases have been greatly lessened. This diagnosis is made by making a culture on blood-serum from the throat and examining the growth obtained after fifteen or twenty-four hours in the incubator at body temperature. Some physicians hazard a diagnosis from an examination of the material obtained from the throat without cultivation, and this may usually be relied upon, providing the result be confirmatory; but a negative result should not be accepted without applying the further test of cultivation.

Microscopical diagnosis is at times not used as promptly as it might be, because of the difficulty in getting a sterilized swab and a culture-tube. This is not absolutely necessary, and a swab can be prepared by wrapping some sterilized absorbent cotton on a clean stick, and, after carefully wiping the patch in the throat with this, it may be placed in a clean test-tube, previously prepared by passing through the flame and allowing to cool. The swab can thus be sent to a bacteriologist, and even ten or twelve hours of express or mail transportation will not materially influence the result of the examination.

These are some of the more important features recognized. Many of secondary importance — such as the detection of pigmental epithelial cells found in the sputum in mitral disease, crystals of hematoidin, cholesterin, and oxalate of lime, or the examination of pleuritic effusions for tubercle bacilli and other bacteria — have been purposely omitted to shorten this paper.

In closing, it will not be amiss to revert again to perhaps the most important subject mentioned, — the urgent necessity for early examination of the sputum in cases of "persistent cough" and similar conditions. The result may well repay for the trouble by saving the patient's life. — *The Virginia Medical Semi-Monthly.*

CHILDREN AND SUMMER.

As we again approach the hot season there loom up visions of cholera infantum, digestive disturbances, spasms, fretfulness, and the balance of the long train of hot weather illnesses that mar the mother's happiness, abridge her sleep, and finally undermine her health.

The first requisite for children in hot weather is to secure satisfactory food and give it sterilized. The second is cleanliness. The next is a sufficiency of refreshing sleep, the fourth being the removal of all causes of irritability.

Cleanliness is acquired by the frequent use of soap and water upon the child's person, its clothes, and its feeding utensils. Besides this, antisepsis and disinfection are necessary whenever there is danger of infection.

Refreshing sleep is of great importance. It should not be induced by morphine or any of its derivatives, if it can in any way be avoided. This is a well-recognized principle. A good sleep inducer is the fluid extract of passiflora incarnata in varying doses, according to age, one or two drams being a very fair dose for an adult, and about 25 drops to a child of six years.

Causes of irritability are very numerous. Teasing is a prolific one. Another is worry about things they cannot have or are not permitted to do. A parent's or nurse's attention to a child must be prompt and decided. It must be taught self-control and self-denial from an early age. Worry is also commonly caused by failure to promptly remove wet or otherwise soiled diapers. Abrasions and excoriations, usually from moisture, of any kind on any part, are common causes of fretting that are easily remedied and should be looked for.

Then it is also necessary to add a fifth injunction — to keep the body cool.

Do not bundle it up. Let the fresh air get to every part of the body. Do not keep away the fresh air after giving the child its daily bath. In the hottest part of the day strip it of all clothing. If needed, use only a diaper, and even a muslin slip may cover the nakedness of the body, but it should be light, plain, unstarched, and without lace or other irritating edges.

These are meager pointers, but they indicate the way. — *Medical Council.*

FEEDING INFANTS.

Dr. E. E. Graham makes the following report and suggestions: The child I now present is ten months old, born natural, and fed at the breast until four weeks ago. Children should be weaned at one year of age, unless this time comes in very warm weather, when it may be lengthened somewhat. It is better to begin at about the eleventh month as a rule.

Since being weaned this child has lost flesh and has suffered from bowel trouble, at times having seven or eight movements daily. They are now three or four and black in color. Vomiting has also been a symptom. The child has been fed on crackers, bread and butter, vegetables, etc., with some milk.

We have here a good illustration of how not to feed a baby. Thousands of such children die yearly, as this one would soon do under the present conditions. In treating this child I would leave off milk entirely for four or five days, and pay attention to getting the alimentary tract thoroughly cleaned. Calomel should be given in the dose of one-tenth grain every two hours until six doses have been taken. Every two hours the child should be fed a weak mutton broth or properly prepared beef tea, four ounces at a feeding. Between the times of feeding an abundance of sterile water should be given. After three or four days milk may be given. The amount of fat and proteids should be one-half the normal amount at first.

The sugar need not be decreased in this proportion or at all. Beginning with this reduced amount, the milk may gradually be brought up to its full strength.

The large bowel should be irrigated daily for a time with normal salt solution. The child should be in a horizontal position on a prepared couch or in its bathtub. A number twelve male catheter, flexible, and a fountain syringe held two or three feet above the child are to be used. In this way, if care be taken, a pint or more of fluid can be introduced before it is expelled. A gallon of the solution may be used at each time. The main seat of inflammation in these cases is at the ileocecal valve. Internally, subnitrate of bismuth may be given if the looseness continues.—*New Orleans Medical and Surgical Journal.*

Carbuncles are best treated by extirpation, which is no more painful than incision.—*Rushton Parker, in Medical Record.*

TREATMENT OF DIPHTHERIA WITH OIL OF TURPENTINE.

Dr. Wilbur C. Wright, of Unionville, Mich., contributes a note to the *Post-Graduate*, in which he says that he had treated thirty-seven cases of diphtheria without a death or any alarming symptoms. "To a child from ten to sixteen years old I have given teaspoonful doses of undiluted turpentine every two hours until from four to six doses have been administered, and then wait about forty-eight hours before repeating the dosage.

"In only five cases out of the thirty-seven have I had to repeat the medication. In nearly every case the temperature returned to normal inside of twelve hours, and remained so. In two cases the temperature went up a second time, but returned to normal when the turpentine was again given. The only reason I can suggest in explanation of the absence of any manifestation of urinary disorder following the administration of such large and frequently repeated doses of turpentine is that in diphtheria turpentine is an antidote to the toxins as well as an antiseptic."

SORE THROATS.

℞ Potassium bichromate . .	grs. 10
Biniodide of mercury . . .	grs. 10
Saccharum lactis	ʒ 3
Tinct. belladonna . . .	drops 15

M. and triturate very thoroughly, and keep in a well-corked bottle away from the light. Sig.—One to five grains.

This is applicable in the treatment of many affections of the throat; in fact, will benefit and cure a larger percentage than any prescription I ever used.

It will cure quickly follicular tonsillitis, and is about as helpful as anything in the parenchymatous variety. Given early, it will prevent abscess from forming; and in some cases—a few of which I have record—where suppuration occurred every year quite regularly, as it does with some, the remedy proved curative, and there has been no return since using it. The sore throat of scarlet fever, particularly when membrane forms, succumbs to its influence. For diphtheria it is especially efficacious, and, in pre-antitoxin days, was the basis of my treatment in all cases; and I am not yet fully satisfied that time will not prove it still worthy of first place and the most reliable.—*The Leucocyte.*

GROWTH OF HAIR.

The popular belief that clipping the hair makes it grow faster is, according to Dr. J. Pohl, not founded on fact. This observer has made accurate measurements of the rate of growth of many hairs under a variety of conditions, and found that, if a portion of the head is shaved, the hair will grow for a month more slowly than the hairs of the unshaved portion. After the first month their rate of growth is about the same. He also found that the shaved hairs grew unevenly, and further study showed him that the hairs on the head and elsewhere are arranged in groups of two, three, or four, the members of a group being closely related anatomically.

One of them outgrows the other for a time, and then its pace slackens while a younger one presses into first place, to be followed by a third, etc. In other words, each hair has a life history and its rate of growth varies at different times. It is most rapid during the middle period of its life. When old, a hair falls out and a young one grows up in its place. As the hairs in a hair-group grow old and fall out successively, baldness is avoided. The growth per month varies from one-half of an inch to an inch or more.—*Popular Science News.*

WOUNDS OF THE AIR-PASSAGES.

Platt reports ten cases of suicidal wounds of the throat in which the air-passages were injured, and appends the following summary:

1. Suicidal wounds of the throat should be treated by primary suture in all cases in which the general condition of the patient permits. 2. Antiseptic precautions are most important. 3. If necessary, chloroform should be administered, and is perfectly safe. 4. Divided muscles should be sutured, and in bringing together the edges of the skin the inversion caused by the platysma muscle should be corrected. 5. The wound in the air-passages should be completely closed. 6. In many cases it is quite safe to dispense with the use of a tracheotomy tube. If the tube be deemed necessary, it should not be introduced through the suicidal wound in the air-passage, but through a fresh vertical cut at a lower level. 7. Silk is the best material for suturing the larynx or trachea. 8. During the after-treatment it is unnecessary, except in certain special cases, to feed by tube or by the rectum. 9. If the foregoing methods of treatment be adopted, not only will a large proportion of even dangerous and extensive wounds of the air-passages recover, but the period of recovery will be greatly shortened, the patient will not be exposed to the same risks of secondary inflammatory complications, and he will be much less liable to the

occurrence of permanent stenosis of the trachea or the formation of an aerial fistula.—*British Medical Journal.*

TREATMENT OF SIMPLE APPENDICITIS.

D'Arcy Power *(British Medical Journal)* writes as follows regarding this subject:

Medical treatment may be adopted so long as the patient seems fairly well, his pulse is regular, firm, and not too rapid; if his respiration is full and painless, his belly is but little distended; and if the stools are normal or there is only slight constipation. It is better not to use opium in any form, because it hides the tenderness and masks the facial changes, which are the only safe indications of the course which the disease is running. As a routine treatment of a straightforward and simple case of appendicitis I have seen the best results follow the method to which Mr. Maylard has recently drawn renewed attention. It consists in the immediate administration of a copious enema of warm soap and water, followed by teaspoonful doses of magnesium sulphate in two wineglassfuls of warm water given hourly, the dose being repeated six or eight times until the bowels begin to act. A hot boric acid fomentation or an ice-bag is applied to the right iliac region, the choice being determined by the relief which the patient obtains, though the surgeon prefers the ice-bag. The patient must be kept in bed until the swelling and all the tenderness have left the right iliac region, and he must be fed upon food which is easily digested, that neither constipates nor forms massive stools.—*Medical Record.*

VIBRATION AS A HYPNOTIC AND ANESTHETIC.

B. F. Ward advances the theory that narcosis and anesthesia may be produced by vibratory force, and that the vibration, in order to exert its specific effect upon the nerve centers, must be uniform and rhythmic, and to reach its greatest intensity the vibratory wave must gradually and steadily increase in force. The writer says it would be impossible to devise any appliance which would so fully meet these indications as the relations that exist between a steel rail and a revolving car wheel, because the vibratory thrill will begin to be faintly delivered while the train is still many miles away, and with every revolution there will be a uniform and perfectly rhythmic increase in the force of the vibratory wave. He suggests that it would be possible to mechanical skill to devise a metallic operating-table with wheels run by electricity against rails attached to the under surface that would impart to the table and the subject thereon a vibratory force exactly similar to that which the rail receives from the revolving wheel and equally potent, and that a perfect anesthesia might thus be secured as free from danger as natural sleep.—*Journal of the Mississippi State Medical Association.*

FOR FISSURE OF NIPPLES.

℞	Tinct. benzoini compositæ . .	ʒ 2
	Listerinæ	ʒ 4
	Aquæ camphoræ . . . q.s. ad	℥ 3

M. Sig.—Shake. Bathe nipple and apply freely after each nursing.

Indications.—Used to prevent or heal fissures.—*Prescription.*

TREATMENT OF RENAL CONCRETIONS OF URIC ACID WITH GLYCERINE.

Dr. Herrmann has obtained favorable results in nephrolithiasis by the administration of glycerine by the mouth. He gave it in the first instance on theoretical grounds, based on the facts that glycerine is a solvent of uric acid, and when given *per orem* it is excreted in large part with the urine. The good effects he has observed he does not now attribute to any solvent action of the glycerine on the uric acid, but to physical changes produced in the urine. When given in the large doses he employs, it causes the urine to become somewhat oily in consistence, and to its lubricating action he believes the good results are to be ascribed. Rosenfeld, who has also praised the method, believes it to give relief by raising the specific gravity of the urine and thereby producing a change in the position of the calculi in the pelvis of the kidney. It is given in quantities of from one to four ounces, dissolved in an equal quantity of water, and taken as one dose, between two meals, and repeated two or three times in a period of several days. He has used it in 115 cases of nephrolithiasis, and in 60 per cent. of these it has proved efficacious either by removing concretions or by relieving the pain associated with the disease. Ortner and Kugler have confirmed the stone-expelling power of glycerine, while Casper and Rosenfeld speak of its anodyne effect as simply astounding. Given in the doses named, the only unpleasant effects observed were headache in twelve nervous patients and diarrhea in three cases where the digestive organs were not healthy. In all the fifteen cases these effects ceased in the course of a few hours. In such patients, and indeed in others, it is recommended that the initial dose should be smaller than the minimum dose named, and that it should be gradually increased. The presence of albuminuria does not contra-indicate the employment of glycerine; the amount of albumin was never increased, and in one case, after three doses of the agent, the previous albuminuria completely disappeared. In six cases of the 115 hematuria occurred, and this the author ascribes to the concretions changing their position, either spontaneously or owing to the glycerine. —*Post Graduate.*

A NEW TREATMENT FOR WHOOPING-COUGH.

Dr. G. Arbour Stephens, having found that whooping-cough was almost invariably accompanied by soreness or pain in the ears, determined to find out whether treatment applied locally might ease the pain or diminish the discharge, and by so doing modify or terminate the course of the disease.

The course of treatment decided on was as follows: He syringed out the ears night and morning with lukewarm boric lotion or water and applied to the meatus and tympanum a paint consisting of 23 grains of hydrochlorate of cocaine, 4 drams of glycerine, 20 minims of solution of perchloride of mercury, and water to 1 ounce. The result of this treatment was that in every case the patient was benefited and the whooping-cough was got rid of. In many cases, in addition to the essential symptoms of whooping-cough, there were present bronchitis, pharyngitis, or laryngitis. These did not, of course, yield to the treatment above described, and in some cases they persisted for several days after the "whoop" had disappeared. As has been often noticed by other observers, the whooping-cough followed in the wake of measles, and in those cases which did succeed measles there was nearly always found a discharge which had continued from the prior attack of measles. In the first few cases he had some trouble in introducing such a novel form of treatment as a substitute for the more orthodox bottle of medicine, but, having got the first few patients better, their friends and relatives paved the way for the others.

The author gives details of eight cases which, after being under treatment for a few days, entirely lost the bouts of "whooping," though in some cases bronchitis lasted for several days. As an explanation of the pathology of these cases the author considers that there is a small local inflammation in the meatus starting independently of or succeeding to an attack of the measles, and that this inflammation irritates the nerve filaments which are connected with the root ganglion of the vagus, and so stimulates the vagus itself in some or all of its branches. The laryngeal branches will account not only for the spasm, but also for the "whoop," by producing a temporary trophic lesion of the laryngeal mucous membrane, against which the cold air which is invariably drawn in through the mouth strikes. He also thinks a similar trophic lesion of a temporary nature occurs in the stomach and lungs by a passing irritation of the vagus branches, which results in the secretion of a large amount of mucus.

Dr. Stephens has made an attempt to cultivate some bacteria from the ear, but so far has not succeeded. There is one difficulty in the way of such cultivation, and that is that in a large number of the cases the patients are dirty and live in dirty houses. However, whether the cultivation be successful or not, he has shown that by syringing and painting the ears a great improvement can be produced, which is, after all, of greater consequence to the little patients than the cultivation of any amount of germs. —*London Lancet.*

FOREIGN BODIES IN THE VERMIFORM APPENDIX.

An interesting study of the relative frequency of foreign bodies in the vermiform appendix is presented by Dr. John F. Mitchell. Of 1400 cases of appendicitis collected from various sources in the last ten years he found only 7 per cent. of true foreign bodies; while in 700 of the cases, in which a definite statement was made as to the nature of the foreign body, there were 45 per cent. of fecal concretions. In 250 cases of appendicitis in the Johns Hopkins Hospital, in the past ten years, there was only one foreign body, a segment of tapeworm. Osler, in ten years' experience in Montreal, found foreign bodies only twice; in one instance five apple-pips, and in an another eight snipe-shot. The most common foreign bodies have been gall-stones, round worms, spicules of bone, bristles, and pins.

Pins have been especially frequent. Mitchell has collected 28 cases in which a pin was found in the appendix at operation or autopsy, together with two instances in which a pin had perforated the cecum. It seems remarkable that in no single instance was there any knowledge of a pin having been swallowed. Contrary to what might be expected, they occurred more frequently in males than in females (males, 17; females, 9). The resulting appendicitis was of a very variable type. In some cases the symptoms were mild, leading to chronic appendicitis, with recurrent attacks, or with long-continued pain. and, perhaps, finally ending in an abscess. In the majority of cases, however, there was rapid perforation and abscess formation following the first appearance of symptoms.

The pin entered the appendix by its head or point, and except in one or two instances, where it lay directly across the lumen, it was straight, with its long axis parallel to that of the appendix. In 7 of the 28 cases the appendicitis was associated with abscess of the liver. — *University Medical Magazine.*

NEW TREATMENT FOR ECZEMA.

Dr. Radcliffe Crocker has proposed a new way of treating obstinately recurring eczema, which is well worthy of attention, as it does not interfere with other treatment. The method consists in the application of a counter-irritant, not to the part affected, but to the other parts of the body which have some connection with the nerve centers. The counter-irritant used is an ordinary mustard leaf, but when that is not sufficiently strong a blister is produced with liquor epispasticus. For the face alone the mustard leaf (or blister, as the case may be,) is applied behind the ear; for the face and forearms, apply it to the nape, and for the leg the counter-irritant should be applied on the hip over the large sciatic nerve. In most cases this treatment has been followed by removal of the itching, and the relief lasts from one to several nights. The redness and swelling are also relieved.—*Health.*

EYE STRAIN AND PTOSIS.

I believe in specialists, and always send my patients to them when special treatment is indicated, but they are sometimes too special. Apropos of the shoemaker: On one occasion, when a town was approached by a hostile army, and the citizens were looking around for the best means of defense, the shoemaker said there was nothing like leather.

Four years ago I had under my care a young lady suffering from eye strain and ptosis. She was obliged to use her eyes all day and a part of the night. Each day her eyes became more painful and sight more imperfect. I advised her to consult a specialist, which she did. Within three years she had consulted three specialists, in as many large cities, who, one and all, prescribed expensive glasses, which she thought for a time benefited her, but her sight grew worse and worse, until I thought it time for me to interfere. Knowing she had suffered from rheumatism, I gave her fifteen grains of salicylate of sodium three times daily for three weeks, since which time she has been able to use her eyes all day without pain, and could use them all night, if she thought proper.

I hope the specialists present will not take offense at what I have said, as no slur is intended, for I, a general practitioner in a country district, am, of necessity, a specialist in every branch. —*Maryland Medical Journal.*

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GRANULAR EFFERVESCENT SALTS. The most complete line of salts offered to the profession. Perfection of granulation. Purity of medicament. Efficacy of preparation.

FLUID EXTRACTS, SYRUPS, WINES, ELIXIRS, COMPRESSED TABLETS, TABLET TRITURATE, Etc., Etc.

ANTISEPTIC SOLUTION (Warner), $3.00 per gallon. An effective and safe antiseptic, used internally in diphtheria and scarlet fever, and externally as a spray for nasal catarrh and as a mouth wash. Also useful as an injection in leucorrhea and gonorrhea.

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Eff. Sodium Phosphate, Eff. Kissingen, "Lithia Tablets, 3 and 5 grains," Vichy, Tono Sumbul Cordial, Ingluvin, Tono Nervine Tablets, Bromo Soda.

Pil. Cascara Cathartic	**$ .60 per 100**	**For Constipation.**
Pil. Peristaltic	**.40 " "**	**" "**
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URIC ACID.

Uric acid has assumed a position of such importance as a pathological factor that it requires a most careful study, says *The Medical Brief*, in a recent editorial.

Uric acid is undoubtedly a product of malassimilation. Persons who suffer most from uric acid formation are neurotic, live sedentary lives, are very susceptible to cold, have digestive irregularities and incompetent kidneys. They are persons whose vitality is deficient, muscular system weak, and there is a lack of hemoglobin in the blood.

The vigorous and active muscular system consumes hemoglobin in quantities, and consequently creates a large demand for it. There is a reaction between the hemoglobin and uric acid during muscular consumption, in which the latter is burnt into more soluble products.

When the muscular system is undeveloped or but little used the liver and kidneys will try to modify and eliminate the uric acid as best they can. Nervous tension is increased, the heart beats faster, the brain is more sensitive, the blood is comparatively cold, because of the deficiency of hemoglobin, and the skin, rendered conservative, because of the small amount of heat manufactured, is ever alert to prevent its loss by radiation.

With these conditions health is unstable, because the system is always in a more or less unbalanced state. There will be irregular crises, when the uric acid accumulates in such quantities that the system cannot dispose of it, or when the strain on any one organ becomes too great, or when excesses or exposure precipitate disease, or when vitality is reduced from any cause.

The crisis usually consists of a nerve storm, as sick headache, epileptic convulsions, gastralgia, angina pectoris, renal colic, spasm anywhere, followed by relaxation, prostration, profuse urination and sweating, with rapid elimination of uric acid and temporary subsidence of symptoms.

Patients whose vitality is somewhat greater, and who have learned how to manage themselves, avoid these storms, but suffer in a minor degree from nervousness, spasmodic circulation, and renal irritability.

In the treatment of this diathesis, mild, systematic, open-air exercise is of the first importance. At the same time, too much exercise is as bad as too little. Regular exercise creates and keeps up a demand for hemoglobin, but overexercise breaks down muscular structure and fills the system with poisons. It also drains vitality.

The next question is diet. The fruit cure—a breakfast composed entirely of fruit—an abundance of pure water—meat but once a day, and an avoidance of vegetables containing nitrogenous principles, will aid greatly in modifying this diathesis.

But, inasmuch as we can not remake ourselves in a single generation, uric acid will continue to form and gradually to accumulate, causing symptoms more or less troublesome. If doctor and patient learn to recognize these early, and give eliminating agencies to unload the system before the irritation reaches an explosive point, the patient's suffering can be cut short, an attack of sickness prevented, and his business value need not be injured by the stigma of uncertain health.

Two excellent preparations for eliminating uric acid are lithiated hydrangea and sanmetto, adding ten grains citrate potassium to each dram of sanmetto. Epsom salts is a good remedy where there is fulness of tissue, abdominal plethora with sluggish bowels. If arterial tension is very high, jaborandi is often useful in conjunction with the above treatment.

The value of iron in stimulating the assimilation of oxygen must not be overlooked. It acts very well in combination with ammonia, if you can get a fresh, well-made *mistura ferri et ammonii acetatis.*

Flannel should be worn next the skin the year around, regulating the weight by the temperature and atmospheric conditions.

THE PRESENT A DECADENT AGE, AND WHY.

Mr. Gladstone was free to confess that, in his opinion, the brains of the modern generation of Britons showed a deterioration of power, as compared with the brain-power of the Elizabethan period. It is generally agreed, moreover, among scholars, that the ancient Greek (and Hebrew) brain represented the high-water mark of the human intellect, from which the tide is now steadily receding. The world's stock of knowledge is, of course, enormously increasing, but the brain-power itself is decreasing. Such is the view of a recent writer in *The Nineteenth Century* (H. Elsdale), who does not stop to argue the point, but, accepting this conclusion as inevitable from any competent examination of the facts, proceeds to inquire into the reasons for such deterioration.

He finds four such reasons. First is the tremendous increase of knowledge ("cramming") and the consequent increased demand upon the receptive faculties, which are developed at the expense of the creative faculties. He illustrates this at length by comparing the accumulations of knowledge in mathematics through which the student must now find his way before he can begin to do original work with that in the days of the ancient Greeks, when Euclid represented the farthest limits of teaching, beyond which the student had to depend upon his own researches and reflections. The same consideration applies to other forms of learning, and our modern system of education has perforce become one of constant cultivation of the receptive powers and the constant neglect of the creative powers, tending to develop clever, ready, and shallow wits at the expense of real original talent and self-reliant brains.

The second reason for brain deterioration (and effect of it) is "the mental impatience of the age," indicated by the small sale of serious solid books and the increase in reading of newspapers, novels, and various other forms of hop-skip-and-jump literature; indicated also by the unpopularity of sermons that call for any sustained attention. As the habit of steady and sustained thought is a fundamental requisite of real brain-power, this tendency in our reading is destructive.

And, lastly, the steadily increasing mammon worship of the age and the growing love of luxury and opulent ease are unfavorable to the production of master minds. This is the root cause of "the scanty development of really first-rate and commanding intellect" in the United States; and the same cause prevails largely, though not to the same extent, in Great Britain.

In conclusion, the writer expresses a not very vivid hope that great world movements are even now in progress under the surface which will in the future eventuate in a new order of things, set up worthier ideals of sacrifice and devotion, and produce a new race of greater exponents and apostles. —*Literary Digest.*

PERINEAL LACERATIONS.

Where we have a moderate laceration or when episeiotomy incisions have been made, as soon after delivery as possible a few sutures should be inserted and the raw surfaces drawn closely together. The sooner this is done the better will be the result.

Deep, complete perineal lacerations, involving or passing through the rectal wall, are probably most frequently the result of forcible instumental deliveries. This can often be obviated by allowing the head to rest on the perineum long enough to admit of dilatation. Sometimes, in the interest of child or mother, or both, we cannot wait; then, as frequently happens, we have a deep, complete laceration.

My experience in cases of this kind has been that it is far better not to try to do any kind of repair operation at this time. To be well done the operation is tedious, your patient is exhausted before you begin, you cannot have the asepsis necessary, your stitches may slough out, or there will be only partial union, with the resulting prolapsed uterus, rectocele, or cystocele later on.

Far better to keep your patient quiet for three or four weeks and insist upon perfect cleanliness; this can be obtained by a carbolic douche morning and night (carbolic acid, a dram, to warm water, a pint). Cleanse the vulva frequently with creolin solution; use vulvar pads of gauze and absorbent cotton, and change them whenever soiled; build up your patient's health by good nourishing food, tonics if necessary, and have the bowels move every day; then, at the end of three weeks or a month, take her to the nearest hospital and have a repair operation performed by a good surgeon. In this way you will save your patient years of discomfort and poor health, for a woman's health depends in great part upon the integrity of her reproductive organs.—*Dr. Wilson, in New York Medical Journal.*

Excitement is often the cause of strange telegrams, as well as other queer manifestations. A man who had been one of the passengers on a shipwrecked vessel was rescued almost by a miracle. On arrival at a place from which he could send a telegraphic message, he forwarded the following despatch to his brother: "I am saved. Try to break it gently to my wife."—*Tit-Bits.*

"What you want to do," said the druggist, as he handed the old darkey the patent medicine, "is to take a dose of this after each meal."

"Yes, suh," was the reply; "an' now, will you please, suh, tell me whar I'm gwine to git de meals?"

Lowell, Mass., June 1, 1900.

My dear Doctor:

We would very much like to have your professional opinion of our new Malaria and Ague Cure. We believe we have a product here which will meet with your hearty approval. We recommend it to you for the treatment of all forms of malarial trouble, extending all the way from the genuine attack of intermittent fever to the more ordinary ailments resulting from malarial poisoning.

If you will test a bottle, we will be only too glad to send it to you, all charges prepaid. If you find you like it, we will gladly send you more.

Very truly yours,

J. C. AYER CO.

WHEN PAPA'S SICK.

When papa's sick, my goodness sakes!
Such awful, awful times it makes.
He speaks in G, such lonesome tones,
And gives such ghas'ly kind of groans,
And rolls his eyes, and holds his head,
And makes ma help him up to bed;
While Sis and Bridget run to heat
Hot-water bags to warm his feet,
And I must get the doctor quick—
We have to jump when papa's sick.

When papa's sick ma has to stand
Right 'side the bed and hold his hand;
While Sis, she has to fan and fan,
For, he says, he's a "dyin' man,"
And wants the children round him, to
Be there when "suffering pa gets through."
He says he wants to say good-bye
And kiss us all, and then he'll die;
Then moans, and says his "breathin's thick"—
It's awful sad when papa's sick.

When papa's sick he acts that way
Until he hears the doctor say:
"You've only got a cold, you know;
You'll be all right in a day or so."
And then—well, say, you ought to see—
He's different as he can be,
And growls and swears from noon to night
Just 'cause his dinner ain't cooked right,
And all he does is fuss and kick—
We're all used up when papa's sick.

—*L. A. W. Bulletin.*

DEDICATORY SONNET.

Read at the complimentary banquet to Dr. A. Jacobi on the seventieth anniversary of his birthday, May 5, 1900.

Some men are gifted with a giant mind
And climb to heights of honor and renown,
Stem adverse tides, bear opposition down,
And point the way for those who plod behind.
One wields the sword and hews his way to fame;
Another stands supreme in court or mart;
One strikes the lyre and stirs the human heart,
And ages echo and recall his name.
Yet nobler far is he whose ear gives heed
To those who lie, racked by consuming pain,
Crying, in anguished tones, their bitter need;
Who succors that they may not call in vain,—
His deeds are blazoned by no flattering pen,
Yet is he blessed above his fellow-men.

A princely fortune dwindles overnight;
The victor's laurels wither in a day;
The former Crœsus begs beside the way;
New heroes rise, the old are lost to sight,—
The modest Æsculap plods humbly on,
And leaves to them the chase of fickle Fame;
Seeking not princely fortune nor acclaim,
He finds reward in duty fully done.
Where one in pain has giv'n a new soul birth,
Where tired eyes are drooping to their rest,
Where pestilence bids fair to scourge the earth,—
There is he found, and there men call him blessed.
Though others shrink and pale before their fear
He falters not who sees his duty clear.

Master and Friend: On this eventful day
Which marks another decade as complete
We come to lay our off'rings at your feet,
Who have so often pointed us the way.
Where flows the storied Rhine, by Danube's flood,
From the far-distant Neva and the Seine
And placid Spree, o'er mountain, sea, and plain,
Brothers of kindred as of alien blood
Their greetings send. Lulled are the storms of youth;
Yet, young of heart, although your locks are gray,
You battle still for Justice and for Truth,
As once you battled on a bygone day.
And we, content to follow as we can,
Revere the master as we love the man.

—*Frederic Bierhoff, M.D., in Pediatrics.*

THE HOSPITAL TREATMENTS.

The following reminiscences were written in 1898 by a former patient of the Oliver Wendel. Holmes Hospital, Hudson, Wis., and dedicated to the physician in charge at that time, Dr. Irving D. Wiltrout, now of Eau Claire, Wis., who submitted it to us for publication:

How sad to my heart are the hospital treatments,
When cruel recollection presents them to view!
The current faradic, the spluttering static,
And all the fierce thumps my anatomy knew!
The baths called "electric" ("diabolic" is fitter),
With the long-bristled flesh-brush, with mercy for few;
The massage that would make a sweet temper grow bitter
With its kneading and pinching one all black and blue.
But, oh! the galvanic—the scorching galvanic,
The red-hot galvanic, that burned through and through!

That merciless current! I shunned its returning,
For often at noon, when nurse entered the field,

I found it the source of a terrible burning—
The fiercest the hospital treatment can yield.
How I quaked at the sight of those cold, clammy sponges
And shrank as upon me their dread touch fell
That grew hot till I gave a succession of plunges,
With a negative howl and a positive yell!
Oh! that burning galvanic, that scorching galvanic,
That red-hot galvanic I remember so well.

How cruel from the hand of the nurse to receive it,
As, smiling to see my discomfort and pain,
She resisted my heartrending efforts to leave it,
And assured me my pleadings were given in vain.
And now, far removed from the battery's clutches,
The tear of remonstrance I cannot eschew,
As fancy reverts to those fierce, fiery touches
And sighs at the thought of the treatments I knew
From that diresome galvanic, that scorching galvanic,
That red-hot galvanic that burned through and through.

—*A Galvanized Victim, in The Medical Council.*

SOME DOCTORS OF LONG AGO.

What if the old-time doctor gave large doses?
From critic's sneer who hath escaped? Did Moses?
And all the truly great since then have truly shared
This price of greatness; and, too, like him, have fared.

Large doses? Were it a crime to thus prescribe
Or justify poet's modern diatribe?
Who laid foundation large for science Medick
But just such large-brained men as Hunter, Physick?

The modern lab'ratory they did not have
To abstract drug's active principle; but gave
The very best they had, 'thout regard to size,
The which it ill becomes us now to criticize.

Why sin associate with medicine I
Cannot tell. Perhaps the critic modern will try.
Yet one thing patent seems to me and all,—
Sin just as huge remains, while dosage has grown small.

If we our science look upon with pride,
Due credit should our fathers be given, nor chide
Because they saw not with our keen, broader eyes.
"Give credit!" This motto brings doctor's paradise.

Perhaps our grandchildren's great-great-grandchildren
May see in us grave faults to criticize with pen;
Hence, with true seer's vision, we great care should take
To guard against all foibles and possible mistake.

—*Dr. Martin, in Medical Brief.*

SHOCK.

1. Sensory-nerve irritation sufficiently powerful to produce exhaustion of the vasomotor center causes a reflex paralysis, and consequently a dilatation of the vascular mechanism.

2. Children and aged people with laxed fibers and those addicted to alcohol bear a peculiar susceptibility to shock.

3. Hemorrhage is the most pronounced cause, particularly if venous, as then the equilibrium of the vasomotor mechanism is too suddenly deranged.

4. Two distinct types are recognized: prostration with indifference and prostration with excitement.

5. Peritoneal absorption of septic material invariably terminates fatally through shock before evident manifestations of peritonitis have developed.

6. A subnormal temperature, irregular pulse, superficial respiration, cold and anemic extremities; and clammy perspiration contra-indicate an operation.

7. The severity of operative shock largely depends upon the length of time in the performance of the operation and the duration and degree of the anesthesia.

8. Shock may to a large degree be prevented by any counter-irritation applied to the extremities.

9. Brandy per os and morphine subcutaneously before operating are imperative precautions towards prophylaxis.

10. The main treatment consists in stimulating the vascular system and to preserve the animal heat and supply artificial heat to the body.

11. In acute hemorrhage or other excessive anemia an infusion of normal saline solution is prudently indicated.—*New York Medical Journal.*

The Test of Time and Experience.

30 Years of Confidence

on the part of the profession has established beyond all question that

Syr. Hypophos. Co., Fellows

is the

Remedy—par Excellence

in Anemia, Neurasthenia, Bronchitis, Influenza, and during Convalescence after exhausting diseases.

Contains the Essential Elements of the Animal Organization—Lime and Potash;

The Oxidising Agents—Iron and Manganese;

The Tonics—Quinine and Strychnine;

And the Vitalizing Constituent—Phosphorus; the whole combined in the form of a Syrup with a Slightly Alkaline Reaction.

It Differs in its Effects from all Analogous Preparations; and it possesses the important properties of being pleasant to the taste, easily borne by the stomach, and harmless under prolonged use.

NOTICE—CAUTION.

The success of Fellows' Syrup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has examined samples of several of these, *finds that no two of them are identical,* and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen when exposed to light or heat, *in the property of retaining the strychnine in solution,* and in the medicinal effects.

Fellows' Hypophosphites is advertised only to the Medical profession; is *never sold in bulk,* and Physicians are cautioned against worthless substitutes.

Medical Letters may be addressed to

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TREATMENT OF CORNS.

Dr. E. L. Wood, of Dansville, N. Y., writes: "A radical cure for corns consists in paring the callosity as closely as possible without causing any hemorrhage; then placing in the center of the corn a very small drop of croton oil, and bandaging for twelve hours. Then remove the bandage and paint the corn with reliable cantharidal collodion; a pustular bleb will result, in the formation of which the entire callosity, nucleus and all, will be raised without very much pain from the tissues beneath, and can be easily removed. The process should be conducted under the care of a surgeon to insure prompt sterilization of the part after the callus is removed. Healing has always been rapid, not requiring more than three or four days, with no liability to recurrence unless the foot is afterwards abused. I have treated active working patients, without a loss to them of more than a half-day of time.—*Medical Record.*

THE SYMPTOMS OF LA GRIPPE.

In this uncertain condition it is often impossible for the physician to differentiate between an ordinary cold and la grippe, and this is due to the fact that in many respects the clinical history in both conditions is almost the same, and, unless a very careful study be made, a physician may be easily misled. It is highly necessary that a differential diagnosis be made, for in la grippe severe complications are frequently the result, while in an ordinary cold this is not so. Space and time are not allowed for a prolonged discourse; therefore, I will try briefly to outline the symptoms of a well-defined case of la grippe. Usually the patient begins by having a feeling of lassitude, and this generally some time before any other symptoms develop. He is easily fatigued, generally depressed, and somewhat despondent; shortly he complains of dull pains in the back, and gradually develops a harsh, hacking cough. The fever may closely resemble either the malarial or typhoid type, but is generally irregular. The tongue is coated, the appetite impaired or sometimes abnormally increased. The urine is usually high-colored and scanty. In other cases it is found greatly increased in quantity; there is sneezing and coryza. Some patients are constipated, others develop a diarrhea associated with colic, fever, and gastric disturbance. There is a general aching of the system; sometimes the pains are localized and closely resemble those of rheumatism. Frequently there is urticaria with nausea and vomiting, and oftentimes a decided rash. When the above symptoms do not exist and the condition terminates rapidly in several days, it may safely be called an ordinary cold.

Always in grippe, where complications do not develop, there is a gradual reduction of symptoms, leaving the patient weak, emaciated, and usually anemic. The most frequent complications which occur, in at least 40 per cent. of all cases of grippe, are pneumonia, meningitis, nephritis, pleuritis, and frequently insanity. A well-defined case invariably begins abruptly, with a feeling of general malaise, lassitude, chilliness, and febrile elevation, ranging between 100° and 105°. At this stage there is always extreme prostration. There are present always coryza, sneezing, hoarseness, and a sharp, harsh cough, with little or no expectoration. There is usually a pain of a dull, aching character in the head and back. This I have found to be probably the most constant and diagnostic symptom of grippe. Next to this the symptoms of greatest importance are the great prostration, associated with mental depression. With a careful study of each case and the presence of these symptoms, la grippe can be safely diagnosed. Microscopically, the discovery of the bacillus of Pfeiffer would be conclusive evidence. Unfortunately, the average physician does not possess the necessary apparatus to discover the bacillus; therefore he has to depend principally upon the clinical symptoms.

In the treatment of this very serious condition the point of greatest importance observed by me was the sustaining of the patient throughout the attack, not only enabling him to combat the disease, thereby shortening its course, but to prevent complications and the distressing weakness and anemia following a well-defined attack. Many treatments have been advocated, the main object seeming to be, among the profession, to cut short this condition by an antiseptic and antiphlogistic treatment, and losing sight of what, in my mind, is the most important, viz.: The proper fortifying of the system, thereby assisting nature to combat the condition. While I do not condemn antiseptic and antiphlogistic courses of treatment, I certainly do maintain that they are thoroughly inadequate to properly combat the condition. If the physician will, at the very onset, confine his patient to a well-heated room, purge him, and administer either a little phenacetine or some one of the coal tar products, combined with a little salol, belladonna, and quinine, and at the same time put him on a course of bovinine, the result obtained, I am sure, in every instance will be most gratifying and very much more rapid and thorough than where bovinine is not employed. The action of bovinine here is threefold. It first provides perfect and complete nutrition. It also combats and prevents pathological changes and acts most beautifully as a stimulant. It should be commenced at the very outset of the condition and continued up to the end of convalescence. It should be given in from five-drop doses to a wineglassful, from every half-hour to every three hours, according to the age and condition of the patient. Since I have employed bovinine in the treatment of this condition I never have had a single case develop complications, and the course of the disease was always shorter and milder as compared with the cases treated in the past by me where bovinine was not employed.— *T. J. Biggs, in Modern Medical Science.*

ETIOLOGY OF PERNICIOUS ANEMIA.

Although the etiology of pernicious anemia is still obscure, the following conditions have been considered to be of significance by different observers:

Long-continued disturbances of digestion, leading to chronic catarrh of the stomach and intestine, and constipation.

Pregnancy was once considered an important etiological factor, but this view is not now so strongly adhered to. By pressing on the intestines, however, a pregnant uterus may increase digestive disturbances.

Repeated small hemorrhages in persons whose constitutions are not strong lead, sooner or later, to a condition in which the blood-building organs are unable to make good the losses, and the red cells reproduced are imperfect in quality and of insufficient quantity. Therefore, the marasmic conditions grow constantly worse. In the light of the best evidence at present attainable, this is the correct explanation for most of the cases of pernicious anemia.

Constitutional syphilis is also an important causative factor, not on account of the action of any virus, but because of the cicatricial changes produced by it in various organs, especially in the marrow of the bones.

Conditions affecting the general health, such as poor food, bad air, too frequent pregnancies, shock, and other nervous disturbances, may help the individual into a condition of pernicious anemia.

Chronic poisoning, especially with repeated small amounts of carbon monoxide, should also be mentioned.

There are, too, cases of anemia caused by the bothriocephalus and by the ankylostoma which do not disappear with the removal of these parasites.

One ought to be on his guard against the careless habit of calling all fatal cases of anemia "pernicious," and all cases which recover "simple" anemia.—*Chicago Clinic.*

COLDS.

According to Nottage, there is a certain variety of cold for which gelsemium is as near specific as any drug can be. The patient feels cold chills running up the back. A clear, watery fluid runs from his nose. Now give the gelsemium and next morning the cold is gone.—*New York Medical Times.*

AT WHAT HOUR IS A MAN STRONGEST?

At what hour of the day is a man at his strongest, and so fitted to do hard work with the least weariness? The question is a strange one; and probably the answer occurring at once to most persons will be, "When he gets up in the morning." This is by no means the case; on the contrary, according to the experiments of Dr. Buch with the dynamometer, a man is precisely at his weakest when he turns out of bed. Our muscle force is greatly increased by breakfast, but it attains to its highest point after the midday meal. It then sinks for a few hours, rising again towards evening, but steadily declines from night to morning. The two chief foes of muscular force, according to Dr. Buch, are overwork and idleness. Sweating at work deteriorates the muscles.

We know that many of the great workers of the world, though not all, have been early risers. But early rising, according to Buch's doctrine, ought always to be supplemented by early breakfasting.—*Health.*

An extraordinary operation was performed a few days ago at Bellevue Hospital, New York city. A messenger boy lost his nose and right eye in a trolley car accident last June. In order to have his life the doctors allowed his wounds to heal; finally it was decided to perform an operation which would give the boy some relief from the disfigurement of his face. A gutta-percha base was shaped, and over this the skin was drawn together with fine silk sutures, and the wound was allowed to heal. The operations were an entire success. —*Scientific American.*

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DYSPEPSIA
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HEADACHES DUE TO EYE STRAIN.

James Cole Hancock sums up a paper on the above subject as follows:

The conditions bringing about a so-called "eye headache" appear to be an undue stimulation of the nerve centers of nerves supplying the intrinsic and extrinsic muscles of the eye, causing a reflex vasomotor action referred to the meninges and producing congestion. It has been suggested that confusion of images also plays an important part in the causation of these headaches, and that there is no known instance in which they have followed excessive use of other than ocular muscles. The confusion of images may be an important contributing cause, but the muscular reflex probably plays the most important part. Although continued muscular exertion in general does not cause headache, it is probably that excessive and continued contraction of any muscle supplied by cranial nerves would do so. Obviously, except in the case of the ocular muscles, it is difficult to gather evidence in support of this theory. In all the conditions mentioned above, even including those due to purely reflex causes through the nervous system by way of exclusion, a thorough, examination of the eyes should be insisted upon, and this can be made only when the ciliary muscle is completely paralyzed. In hypermetropia glasses should be worn for reading and other close work only, unless distant vision is impaired; in myopia for distance when present in marked degree, and for reading when the book is habitually held nearer the face than thirteen inches. For muscular insufficiency prisms are worn and the weak muscles exercised. Operations are often necessary. In astigmatism glasses should be worn constantly, for here a complete correction, even temporarily, is quite impossible.—*Medical Record.*

RECTAL EXAMINATIONS.

For an ordinary digital examination the semiprone or Sims position is most convenient, but the lithotomy position will be best if you wish to explore the field higher up in the rectum. Very often it will be difficult to make more than a digital examination without an anesthetic. The amount of pain caused by the use of the speculum will not be well borne in sensitive cases. As a rule in these cases the digital examination will determine whether an anesthetic will be necessary, and a further examination can be made under anesthesia if further explorations should become necessary. If the digital examination be carefully made, it will give you much valuable information. First, note the strength of the sphincter muscle. A tight sphincter denotes irritation in the last inch of the rectum—pockets, papillæ, fissures, etc., and an inordinate amount of nerve waste. A weak sphincter denotes deeper situated trouble; it means a weakened system, a weakened sympathetic nerve, or, worse still, a malignant disease of the rectum. By sweeping the finger around the rectal wall papillæ, hemorrhoids, fissures, strictures, etc., and, in the male, prostatic conditions may be found; and, in the female, the uterus may be found pressing on the rectal wall, and its position may be readily noted.—*Journal Orificial Philosophy.*

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